BLOCK 1383 LOT 7 QUALIFICATION CODE C ~~244~~ ADDRESS (SITE) 89 Waterfront Dr. PERMIT NO. 04-2659

Called 6-11-04 JK

CONSTRUCTION PERMIT APPLICATION

C25.94

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

I. IDENTIFICATION

1. Propsed Work Site at: 89 WATERFRONT Dr. Brick N.J.
2. Name of Owner in Fee: SONIA STONER Tel. ([redacted])
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: FOUR ALL SEASONS Tel. (732) 477-5262
   Address 207 DOVER PT RD BRICK N.J.
   License No. OR, if new home, Builder Reg. No. 32629 Exp. Date 12/04
   Federal Employee No. 22-3016979 FAX: (732) 477-2037
5. Architect or Engineer FOUR SEASONS SOLAR Tel. (631) 563-4400
   Address 5005 VETS HWY HOLBROOK Center NY 11741
6. Responsible Person in Charge once Work has Begun BILL GREENE
   Tel. (732) 477-5262 FAX: (732) 477-2037

Sun room

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	40		
2. Electrical		40		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	1		
9. State Permit Fee Surcharge		1		
10. Subtotal	$	35		
11. Cert. of Occupancy		30		
12. Other				
13. TOTAL	$	146		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	16' ± ft.	
3. Area — Largest Floor	68 ± sq. ft.	
4. New Building Area	68 sq. ft.	
5. Volume of New Structure	475 ± cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	30 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☒ Addition	8600		5/24/04		6/9/04	KM	9/14/04		
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	400			6-2-04	6/9/04	M	MW	9/14/04	
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		GWG	6/2/04		6/2/04	M			
TOTAL COSTS	9000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction 1
   After Construction 1
   Net Gain or Loss 0

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

LDS BR 10403110

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

D. (X) 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 Santa Stevens Date 5-17-04

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

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

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

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

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

(X) Check if contractor.

Agent Name Bill Greene

Address 307 Drum Pt Rd
Brick N. J.

Telephone (732) 477-5262

Signature W. Greene

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

IMPORTANT
A.H.B.T. - EXEMPT

Constituent Contact Report

Date	Comments	Initials

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/28/2004
Control #
Permit # 04-2659

UCC NEW JERSEY
CONSTRUCTION PERMITE

IDENTIFICATION Block 1383 Lot 7 Qual

Work Site Location 89 WATERFRONT DR
SUNKOON
Owner in Fee STONER, SANTA
Address SAME
BRICK, NJ -
Telephone [redacted]

Contractor FOR ALL SEASONS
Address 607 DRUM PT. RD
BRICK, NJ 08723-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Cop. No. 22-3016979

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SUNROOM

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

Estimated Cost of Work $ 9,600

Construction Official 06/28/2004 Date

U.C.C. F170 (rev. 3/96) NJ UCCAPS 5.34E

PAYMENTS (Office Use Only)

Building	40
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	35
Other ZPA	20
Total	146 - 116
Check No.	00000
Cash	
Collected By	ERP

06/28/04 8:18AM 001558#0635
XX07 SERV.007

#042659	
BUILDING	$40.00
ELECTRIC	$40.00
DCA	$1.00
C/O	$35.00
ZPA	$15.00
EPA	$15.00
XXXTOTAL	$146.00
CASH	$146.00
CHANGE	$0.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/24/2004
Date Issued 6/28/04
Control # C25-94
Permit # 042659

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

Block 1383 Lot 7 Qual
Work Site Location 89 WATERFRONT DR
SUNROOM
Owner in Fee STONER, SANTA
Address SAME
[redacted]
Tel
Contractor FOR ALL SEASONS
Address 207 DRUM PT. RD
BRICK, NJ 08723-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3016979

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SUNROOM

Photo on File

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-8-04	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 9.2.04
Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing	7/12/04	7/15/04	7/20/04	
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9/21/04	
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	13
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 8 Ft.
Area Largest Floor 68 Sq. Ft.
New Bldg. Area/All Floors 68 Sq. Ft.
Volume of New Structure 475 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 9,000
2. Alteration $ 0
3. Total (1+2) $ 9,000

Industrialized Building:
[ ] State Approved
[ ] HUD

2

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 27
Collected by: TOTAL FEE	$ 40
DCA State Permit Fee	$ 1

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

7/12/04 Cancel in and not fully insulated 2' down per plan JKS

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/28/04 FS 7
Control #

Date Issued
Permit # 042659

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

Block 1363 Lot 7 Qualification Code C163

Work Site Location 89 WATERFRONT DR. BRICK N.J. (WINDING RIVER)

Owner in Fee SANTA STONER

Address SAME

Tel [redacted]

Contractor SEMPER FI ELEC.

Address 107 CRESCENT DR. BRICK N.J.

Tel (732) 295-8900 FAX (732) 458-5170

Contractor License No. 13833

Federal Emp. No. 22-3484254

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed R3

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

Building Occupied as RESIDENCE Utility Co.

Est. Cost of Elec. Work $ $00.00

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.

Thomas J. Allen

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
7		Receptacles	
2		Switches	
		Detectors EXISTING	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
10		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 $

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: 6/30/04 Approved by: WM

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 9/21/04 Approved by: WM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			9/20	WM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/21	WM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Township of Brick
Zoning Permit

Approved:	Thursday, May 27, 2004	**Number:**	820
Block	1383	**Lot**	7 C-244
Zone:	RM		

Property Address:	89 Waterfront Drive
Applicant:	Bill Greene, For All Seasons
Property Owner:	Santa Stoner
Existing Use:	Residential Condominium
Proposed Use:	Residential Condominium
Proposed Construction:	Sunroom addition 5' 6" x 12' 6", 7' 6" high.
Conditions:	Winding River Village Assn. approval dated May 5, 2004.

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
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
MAY 26 2004
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 1383 LOT 7 QUALIFIER C 244

PROPERTY ADDRESS 89 WATERFRONT DR. (Waretown River)

PERSONAL NAME OF APPLICANT BILL GREENE

BUSINESS NAME OF APPLICANT FOR ALL SEASONS

MAILING ADDRESS OF APPLICANT 207 Drum Point Rd. Brick, New Jersey 08723 (732) 477-5262 Fax (732) 477-2037

PROPERTY OWNER'S FULL NAME Ms. SANTA STEDER

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 7'6" 5'6"x12'6"x7'6"H
☐ Alteration
☐ Porch or deck - Height
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

CHECKLIST

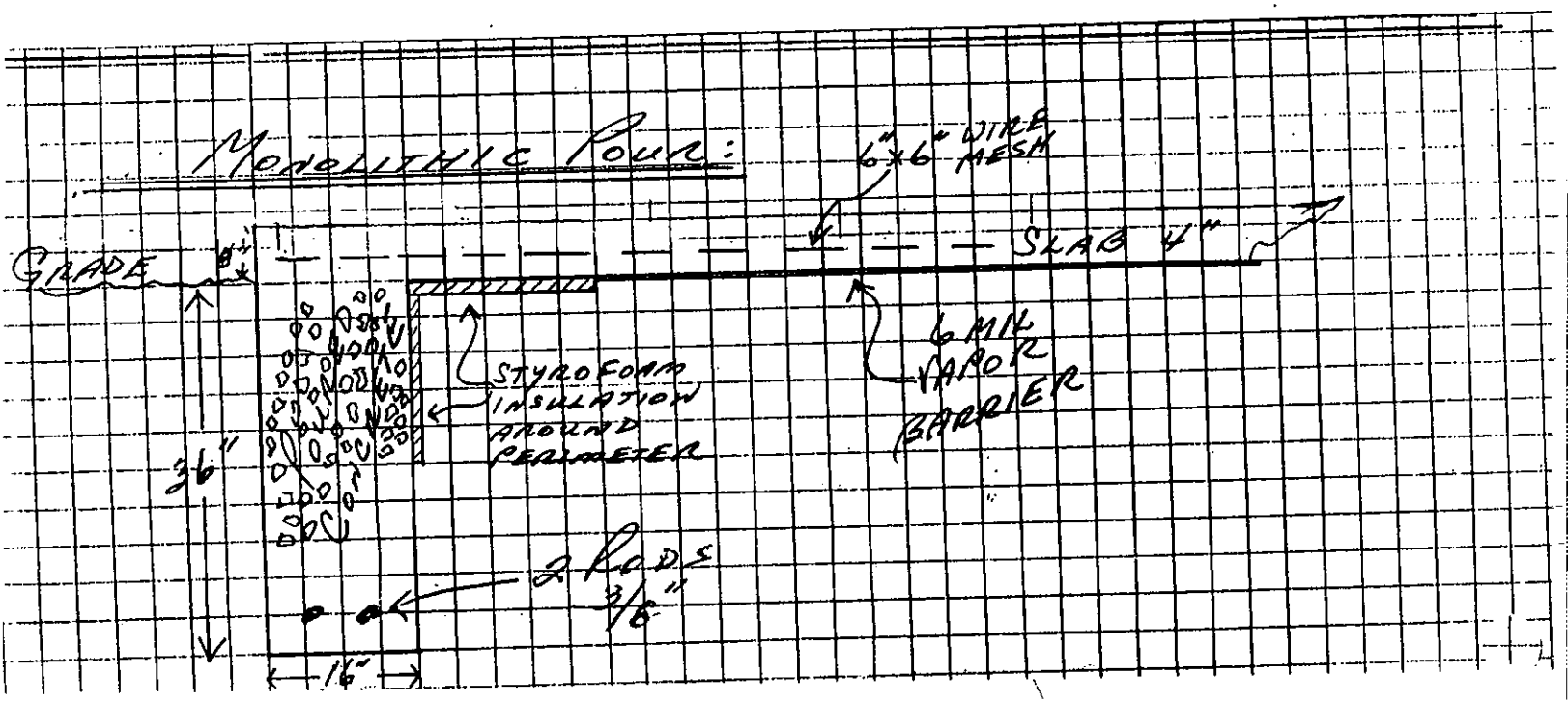
☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board 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 W. Greene Date 5-18-04

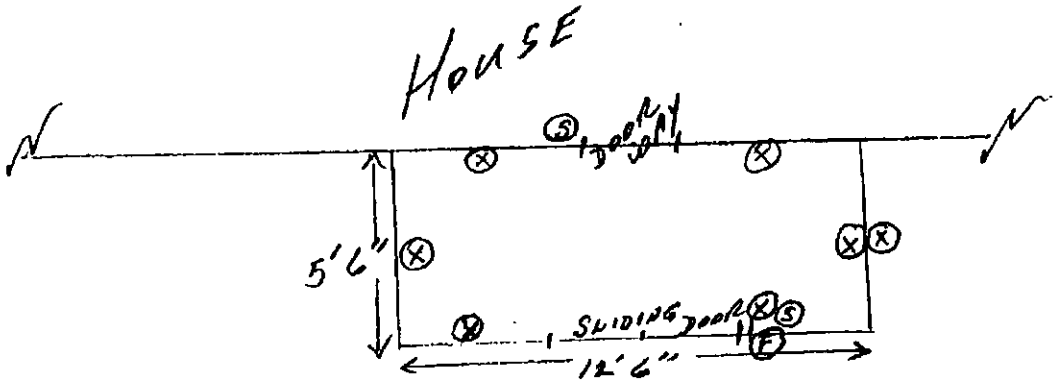
Reviewed by Zoning Office Date 5/27/04 ( ) Approved ( ) Denied



89 WATERFRONT DR.
BLK 1383
LOT 7


Plan Review
Brick Township
Zoning
Class
Plumbing
Date
Building
6-8-04 PM
By
Fire
Electrical

6 EOM



89 WATERFRONT DR.
BLK 1383
LOT 7

⊗ = OUTLET
Ⓢ = SWITCH
Ⓕ = FIXTURE

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Electrical		6-3-04	ZO

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Township of Brick
(732) 262-1000
Fax: (732) 920-4850
http://www.twp.brick.nj.us

Date: 5-18-04

Block: 1383 Lot: 7

Property Address: 89 WATERFRONT DR. (WINDING RIVER)

I, SANTA STOVER (name) of SAME (address)

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

S. Stover
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

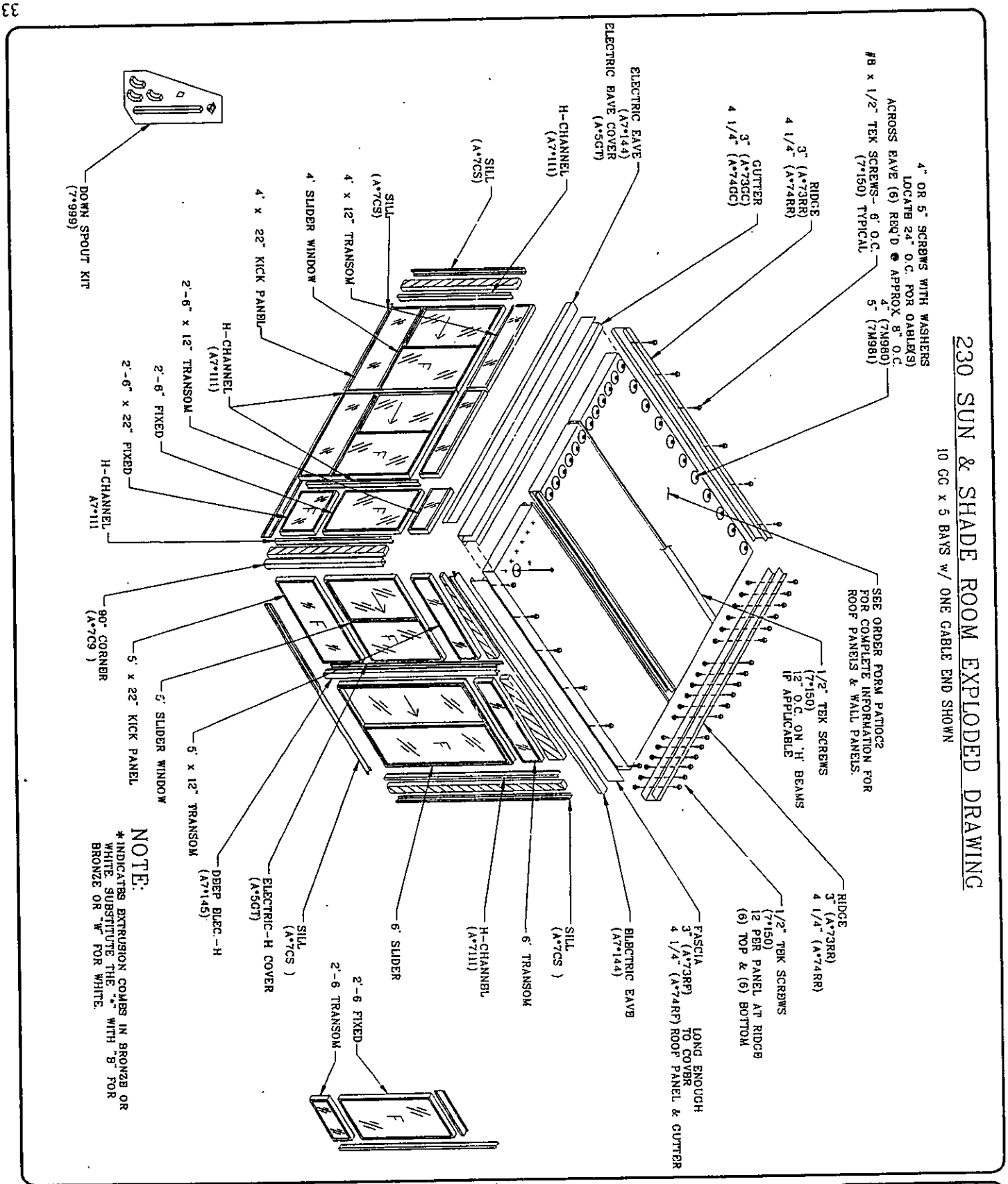
Approved on: 6/2/04 Signed:

Rejected on: Signed:

Comments:

230 SUN & SHADE ROOM EXPLODED DRAWING

10 CC x 5 BAYS w/ ONE GABLE END SHOWN



NOTE:

* INDICATES EXTRUSION COMES IN BRONZE OR WHITE. SUBSTITUTE THE "*" WITH "B" FOR BRONZE OR "W" FOR WHITE.

REVISION	BY

FOUR SEASONS SOLAR PRODUCTS, LLC.

5005 VETERANS MEMORIAL HIGHWAY
HOLBROOK, NEW YORK, 11741
DESIGNERS AND MANUFACTURES OF FOUR SEASONS SUNROOMS

DRAWN BY: TW	
CHECKED BY: CM	
DATE: 05-01-02	
SCALE: NTS	
DWG# LTPC33	
PAGE OF:	

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		6-9-04	
Fire			
Electrical			

FOUR SEASONS SUNROOMS®

ENGINEERING & STRUCTURAL LOADING INFORMATION
WEATHER LOCK II ROOF PANELS

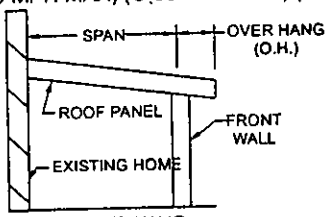
5005 VETERANS MEMORIAL HWY.
HOLBROOK N.Y. 11741

EFFECTIVE 6-02 LD

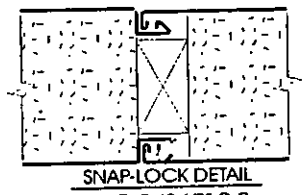
TABLE C: LIVE LOAD (PSF) OR WIND UPLIFT LOAD VS SPAN AND OVERHANG

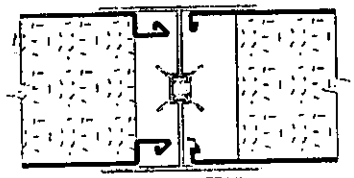
ROOF SPAN	3" PANEL SNAP LOCK DETAIL			3" PANEL H-BEAM DETAIL			4 1/4" PANEL SNAP LOCK DETAIL			4 1/4" PANEL H-BEAM DETAIL		
	1 FT O.H.	2 FT O.H.	3 FT O.H.	1 FT O.H.	2 FT O.H.	3 FT O.H.	1 FT O.H.	2 FT O.H.	3 FT O.H.	1 FT O.H.	2 FT O.H.	3 FT O.H.
5 FT	87 \ 126	63 \ 92	48 \ 70	124 \ 177	126 \ 181	130 \ 186	126 \ 182	92 \ 132	70 \ 100	177 \ 258	181 \ 263	186 \ 270
6 FT	65 \ 93	58 \ 84	46 \ 66	84 \ 120	85 \ 122	87 \ 125	94 \ 136	84 \ 121	66 \ 95	120 \ 175	122 \ 178	125 \ 181
7 FT	47 \ 67	47 \ 68	43 \ 62	61 \ 87	61 \ 88	62 \ 89	68 \ 98	68 \ 99	62 \ 90	87 \ 126	88 \ 128	89 \ 130
8 FT	35 \ 50	35 \ 51	36 \ 52	46 \ 66	46 \ 66	47 \ 67	51 \ 74	51 \ 75	52 \ 76	66 \ 96	66 \ 96	67 \ 98
9 FT	27 \ 40	28 \ 40	28 \ 40	36 \ 51	36 \ 51	36 \ 52	40 \ 58	40 \ 58	40 \ 59	51 \ 75	52 \ 75	52 \ 76
10 FT	22 \ 32	22 \ 32	22 \ 32	30 \ 41	30 \ 41	30 \ 41	32 \ 46	32 \ 47	32 \ 47	41 \ 60	41 \ 60	42 \ 61
11 FT	18[A] \ 26	18[A] \ 26	18[A] \ 26	23 \ 33	23 \ 34	23 \ 34	26 \ 38	26 \ 38	26 \ 38	33 \ 50	34 \ 50	34 \ 50
12 FT	15[B] \ 21	15[B] \ 21	15[B] \ 22	20[A] \ 28	20[A] \ 28	19[A] \ 28	22 \ 32	22 \ 32	22 \ 32	28 \ 41	28 \ 41	28 \ 41
13 FT	12[C] \ 18[A]	12[C] \ 18[A]	13[C] \ 18[A]	16[B] \ 23	16[B] \ 23	16[B] \ 24	18[A] \ 27	18[A] \ 27	18[A] \ 27	23 \ 34	23 \ 34	24 \ 35
14 FT	11[C] \ 15[B]	11[C] \ 15[B]	11[C] \ 15[B]	14[B] \ 20[A]	14[B] \ 20[A]	14[B] \ 20[A]	16[B] \ 23	16[B] \ 23	16[B] \ 23	20[A] \ 29	20[A] \ 29	20[A] \ 29
15 FT	9[D] \ 13[C]	9[D] \ 13[C]	9[D] \ 13[C]	12[C] \ 18[B]	12[C] \ 17[B]	12[C] \ 17[B]	13[B] \ 20[A]	13[B] \ 20[A]	13[B] \ 20[A]	17[A] \ 25	17[A] \ 25	17[A] \ 25
16 FT	8[D] \ 11[C]	8[D] \ 11[D]	8[D] \ 12[D]	10[C] \ 15[C]	10[C] \ 15[C]	10[C] \ 15[C]	12[C] \ 17[A]	12[C] \ 17[A]	12[C] \ 17[A]	15[B] \ 22	15[B] \ 22	15[B] \ 22
17 FT	7[E] \ 10[D]	7[E] \ 10[D]	7[E] \ 10[D]	9[D] \ 13[C]	9[D] \ 13[C]	9[D] \ 13[C]	10[C] \ 15[B]	10[C] \ 15[B]	10[C] \ 15[B]	13[B] \ 20[A]	13[B] \ 20[A]	13[B] \ 20[A]
18 FT	6[E] \ 8[E]	6[E] \ 9[E]	6[E] \ 9[E]	8[D] \ 11[D]	8[D] \ 11[D]	8[E] \ 11[D]	9[D] \ 13[B]	9[D] \ 13[B]	9[D] \ 13[B]	11[C] \ 17[A]	12[C] \ 17[A]	12[C] \ 17[A]
19 FT	5[E] \ 7[E]	5[E] \ 7[E]	5[E] \ 7[E]	7[E] \ 9[E]	7[E] \ 9[E]	7[E] \ 9[E]	8[D] \ 12[C]	8[D] \ 12[C]	8[D] \ 12[C]	10[C] \ 15[B]	10[C] \ 15[B]	10[C] \ 15[B]
20 FT	NA \ NA	NA \ NA	NA \ NA	6[E] \ 7[E]	6[E] \ 7[E]	6[E] \ 8[E]	7[E] \ 10[D]	7[D] \ 10[D]	7[D] \ 10[C]	9[D] \ 13[C]	9[D] \ 14[C]	9[D] \ 14[B]
21 FT	NA \ NA	NA \ NA	NA \ NA	NA \ NA	NA \ NA	NA \ NA	6[E] \ 9[D]	6[E] \ 9[D]	6[E] \ 9[D]	8[D] \ 12[C]	8[D] \ 12[C]	8[D] \ 12[C]
22 FT	NA \ NA	NA \ NA	NA \ NA	NA \ NA	NA \ NA	NA \ NA	6[E] \ 8[E]	6[E] \ 8[E]	6[E] \ 8[D]	7[D] \ 11[D]	7[D] \ 11[D]	7[D] \ 11[D]
23 FT	NA \ NA	NA \ NA	NA \ NA	NA \ NA	NA \ NA	NA \ NA	5[E] \ 8[E]	5[E] \ 8[E]	5[E] \ 8[D]	7[D] \ 10[D]	7[D] \ 10[D]	7[D] \ 10[D]

LOADING WITH FOAM SHOWN (1LB / 1.5LB). LOADS IN CHART ARE FOR 110 MPH WIND SPEED EXCEPT: (A-100 MPH MAX.) (B-90 MPH MAX) (C-80 MPH MAX) (D-70 MPH MAX) (E-60 MPH MAX).



SPAN / OVER HANG


SNAP-LOCK DETAIL
PANELS 46 1/8" O.C.


H-BEAM DETAIL
PANELS 46 7/8" O.C.

ALABAMA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT DELAWARE FLORIDA GEORGIA IDAHO ILLINOIS

IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN MINNESOTA MISSISSIPPI MISSOURI

MONTANA NEBRASKA NEVADA NEW HAMPSHIRE NEW JERSEY NEW MEXICO NEW YORK NORTH CAROLINA NORTH DAKOTA OHIO OKLAHOMA

OREGON PENNSYLVANIA PUERTO RICO RHODE ISLAND SOUTH CAROLINA SOUTH DAKOTA

TENNESSEE TEXAS UTAH VERMONT VIRGINIA WASHINGTON

WEST VIRGINIA WISCONSIN WYOMING D.C.

NOTES:

1) ROOF PANEL CONSTRUCTION: .024 ALUMINUM ALLOY 3105 H-154 EACH SIDE OF PANEL CORE IS 1.0 OR 1.5 LB DENSITY EPS (EXPANDED POLYSTYRENE) FOAM.
2) GLUE: STRUCTURAL ADHESIVE MORAD M-610.
3) DEAD LOAD IS 1.0 OR 1.5 LB PER SQ/FT, DEFLECTION AT RATED LOAD L/ 120 MAXIMUM.
3) WIND SPEEDS ARE BASED ON EXPOSURE B VELOCITY PRESSURES. FOR EXPOSURE C (D), SUBTRACT 10 (20) mph FROM PROVIDED WIND SPEED.
4) ALL UNITS SHOWN ON THIS PAGE ARE ACCEPTABLE FOR CONSTRUCTION IN SEISMIC ZONE 4.
5) A LOCAL PROFESSIONAL ENGINEER SHOULD DETERMINE THE SITE SPECIFIC LOADING AND PERFORM ANY ADDITIONAL NECESSARY CALCULATIONS, WHICH MAY INCLUDE: MINIMUM DESIGN LOADS REQUIRED BY LOCAL MUNICIPALITIES, OR ANY DRIFTING OR UNBALANCED SNOW LOADS PRODUCED BY ADJACENT STRUCTURES.
6) THIS SUMMARY PERTAINS TO THE STRUCTURAL INTEGRITY OF OUR UNIT UP TO THE CONNECTIONS TO THE EXISTING STRUCTURE AND/OR ANY NEW CONSTRUCTION. THE CONNECTIONS TO THE EXISTING AND/OR ANY NEW CONSTRUCTION MUST BE ANALYZED ACCORDING TO CONDITIONS SPECIFIC TO EACH JOB, BY A LOCAL PROFESSIONAL ENGINEER.
7) ENGINEERS CERTIFICATION: I LAWRENCE FISCHER CERTIFY THAT THESE ENGINEERING SPECIFICATIONS HAVE BEEN PREPARED UNDER MY DIRECT SUPERVISION AND THAT I AM A REGISTERED PROFESSIONAL ENGINEER IN THE STATES SHOWN.

FOUR SEASONS SUNROOMS®

230 SUN & SHADE ROOM: STRAIGHT EAVE ROOF PANELS WITH H-BEAMS ENGINEERING & STRUCTURAL LOADING INFORMATION

5005 VETERANS MEMORIAL HWY.
HOLBROOK N.Y. 11741

EFFECTIVE DATE: 6-02 LD

UNIT SPAN	ROOF LIVE LOAD GOVERNED BY	MAXIMUM ROOF LIVE LOAD (psf)	7 FOOT EAVE HEIGHT — MAXIMUM FRONT WALL WINDOW SIZE									8 FOOT EAVE HEIGHT — MAXIMUM FRONT WALL WINDOW SIZE									9 FOOT EAVE HEIGHT — MAXIMUM FRONT WALL WINDOW SIZE								
			4' WINDOW WIND SPEED			5' WINDOW WIND SPEED			6' WINDOW WIND SPEED			4' WINDOW WIND SPEED			5' WINDOW WIND SPEED			6' WINDOW WIND SPEED			4' WINDOW WIND SPEED			5' WINDOW WIND SPEED			6' WINDOW WIND SPEED		
			EXPOSURE			EXPOSURE			EXPOSURE			EXPOSURE			EXPOSURE			EXPOSURE			EXPOSURE			EXPOSURE			EXPOSURE		
			B (mph)	C (mph)	D (mph)	B (mph)	C (mph)	D (mph)	B (mph)	C (mph)	D (mph)	B (mph)	C (mph)	D (mph)	B (mph)	C (mph)	D (mph)	B (mph)	C (mph)	D (mph)	B (mph)	C (mph)	D (mph)	B (mph)	C (mph)	D (mph)	B (mph)	C (mph)	D (mph)
7 (ft)	3" ALUMALUM WH-BEAM	90	170	130	115	160	125	110	145	110	100	140	105	95	130	100	90	125	95	85	115	90	80	115	90	80	100	80	70
	4" ALUMALUM WH-BEAM	129	170	130	115	160	125	110	145	110	100	140	105	95	130	100	90	125	95	85	115	90	80	115	90	80	100	80	70
	4" OSB/ALUM WH-BEAM	200	170	130	115	160	125	110	145	110	100	140	105	95	130	100	90	125	95	85	115	90	80	115	90	80	100	80	70
8 (ft)	3" ALUMALUM WH-BEAM	67	160	125	110	160	125	110	145	110	100	130	100	80	130	100	90	125	95	85	115	90	80	110	85	75	100	80	70
	4" ALUMALUM WH-BEAM	97	160	125	110	160	125	110	145	110	100	130	100	90	130	100	90	125	95	85	115	90	80	110	85	75	100	80	70
	4" OSB/ALUM WH-BEAM	157	160	125	110	160	125	110	145	110	100	130	100	90	130	100	90	125	95	85	115	90	80	110	85	75	100	80	70
9 (ft)	3" ALUMALUM WH-BEAM	52	160	125	110	160	125	110	145	110	100	130	100	90	130	100	90	125	95	85	115	90	80	110	85	75	100	80	70
	4" ALUMALUM WH-BEAM	75	160	125	110	160	125	110	145	110	100	130	100	90	130	100	90	125	95	85	115	90	80	110	85	75	100	80	70
	4" OSB/ALUM WH-BEAM	122	160	125	110	160	125	110	145	110	100	130	100	90	130	100	90	125	95	85	115	90	80	110	85	75	100	80	70
10 (ft)	3" ALUMALUM WH-BEAM	41	155	120	105	155	120	105	145	110	100	125	95	85	125	95	85	125	95	85	110	85	75	110	85	75	100	80	70
	4" ALUMALUM WH-BEAM	60	155	120	105	155	120	105	145	110	100	125	95	85	125	95	85	125	95	85	110	85	75	110	85	75	100	80	70
	4" OSB/ALUM WH-BEAM	97	155	120	105	155	120	105	145	110	100	125	95	85	125	95	85	125	95	85	110	85	75	110	85	75	100	80	70
11 (ft)	3" ALUMALUM WH-BEAM	33	145	110	100	145	110	100	145	110	100	115	90	80	115	90	80	115	90	80	100	80	70	100	80	70	100	80	70
	4" ALUMALUM WH-BEAM	48	145	110	100	145	110	100	145	110	100	115	90	80	115	90	80	115	90	80	100	80	70	100	80	70	100	80	70
	4" OSB/ALUM WH-BEAM	79	145	110	100	145	110	100	145	110	100	115	90	80	115	90	80	115	90	80	100	80	70	100	80	70	100	80	70
12 (ft)	3" ALUMALUM WH-BEAM	28	140	105	95	140	105	95	140	105	95	110	85	75	110	85	75	110	85	75	95	70	65	95	70	65	95	70	65
	4" ALUMALUM WH-BEAM	40	140	105	95	140	105	95	140	105	95	110	85	75	110	85	75	110	85	75	95	70	65	95	70	65	95	70	65
	4" OSB/ALUM WH-BEAM	66	140	105	95	140	105	95	140	105	95	110	85	75	110	85	75	110	85	75	95	70	65	95	70	65	95	70	65
13 (ft)	3" ALUMALUM WH-BEAM	23	130	100	90	130	100	90	130	100	90	100	80	70	100	80	70	100	80	70	95	70	65	95	70	65	95	70	65
	4" ALUMALUM WH-BEAM	34	130	100	90	130	100	90	130	100	90	100	80	70	100	80	70	100	80	70	95	70	65	95	70	65	95	70	65
	4" OSB/ALUM WH-BEAM	55	130	100	90	130	100	90	130	100	90	100	80	70	100	80	70	100	80	70	95	70	65	95	70	65	95	70	65
14 (ft)	3" ALUMALUM WH-BEAM	20	140	105	95	140	105	95	140	105	95	115	90	80	115	90	80	115	90	80	100	80	70	100	80	70	100	80	70
	4" ALUMALUM WH-BEAM	29	140	105	95	140	105	95	140	105	95	115	90	80	115	90	80	115	90	80	100	80	70	100	80	70	100	80	70
	4" OSB/ALUM WH-BEAM	47	140	105	95	140	105	95	140	105	95	115	90	80	115	90	80	115	90	80	100	80	70	100	80	70	100	80	70
15 (ft)	3" ALUMALUM WH-BEAM	17	125	95	85	125	95	85	125	95	85	115	90	80	115	90	80	115	90	80	100	80	70	100	80	70	100	80	70
	4" ALUMALUM WH-BEAM	25	140	105	95	140	105	95	140	105	95	115	90	80	115	90	80	115	90	80	100	80	70	100	80	70	100	80	70
	4" OSB/ALUM WH-BEAM	40	140	105	95	140	105	95	140	105	95	115	90	80	115	90	80	115	90	80	100	80	70	100	80	70	100	80	70
16 (ft)	3" ALUMALUM WH-BEAM	15	115	90	80	115	90	80	115	90	80	110	85	75	110	85	75	110	85	75	95	70	65	95	70	65	95	70	65
	4" ALUMALUM WH-BEAM	21	125	95	85	125	95	85	125	95	85	110	85	75	110	85	75	110	85	75	95	70	65	95	70	65	95	70	65
	4" OSB/ALUM WH-BEAM	33	125	95	85	125	95	85	125	95	85	110	85	75	110	85	75	110	85	75	95	70	65	95	70	65	95	70	65
17 (ft)	3" ALUMALUM WH-BEAM	12	100	80	70	100	80	70	100	80	70	100	80	70	100	80	70	100	80	70	95	70	65	95	70	65	95	70	65
	4" ALUMALUM WH-BEAM	19	125	95	85	125	95	85	125	95	85	110	85	75	110	85	75	110	85	75	95	70	65	95	70	65	95	70	65
	4" OSB/ALUM WH-BEAM	27	125	95	85	125	95	85	125	95	85	110	85	75	110	85	75	110	85	75	95	70	65	95	70	65	95	70	65

NOTE: EXPOSURE B - RESIDENTIAL AREAS, EXPOSURE C - OPEN TERRAIN AREAS, EXPOSURE D - AREAS WITHIN 1500' OF OCEAN


ALABAMA


ARIZONA


ARKANSAS


CALIFORNIA


COLORADO


CONNECTICUT


DELAWARE


FLORIDA


GEORGIA


IDAHO


ILLINOIS


IOWA


KANSAS


KENTUCKY

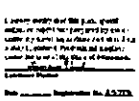

LOUISIANA


MAINE


MARYLAND


MASSACHUSETTS


MICHIGAN


MINNESOTA


MISSISSIPPI


MISSOURI


MONTANA


NEBRASKA


NEVADA


NEW HAMPSHIRE


NEW JERSEY


NEW MEXICO


NEW YORK


NORTH CAROLINA


NORTH DAKOTA


OHIO


OKLAHOMA


OREGON


PENNSYLVANIA


PUERTO RICO


RHODE ISLAND


SOUTH CAROLINA


SOUTH DAKOTA


TENNESSEE

TEXAS

UTAH

VERMONT

VIRGINIA

WASHINGTON

WEST VIRGINIA

WISCONSIN

WYOMING

D.C.

NOTES:

1) H BEAMS TO BE 73RB, OR 74RB
2) ALUMINUM ALLOY IS 6005-T5
3) DEAD LOAD OF ROOF SYSTEM IS 2.37 PSF
4) ALL UNITS SHOWN ON THIS PAGE ARE ACCEPTABLE FOR CONSTRUCTION IN SEISMIC ZONE 4.
5) A LOCAL PROFESSIONAL ENGINEER SHOULD DETERMINE THE SITE SPECIFIC LOADING AND PERFORM ANY ADDITIONAL NECESSARY CALCULATIONS, WHICH MAY INCLUDE: MINIMUM DESIGN LOADS REQUIRED BY LOCAL MUNICIPALITIES, OR ANY DRIFTING OR UNBALANCED SNOW LOADS PRODUCED BY ADJACENT STRUCTURES.
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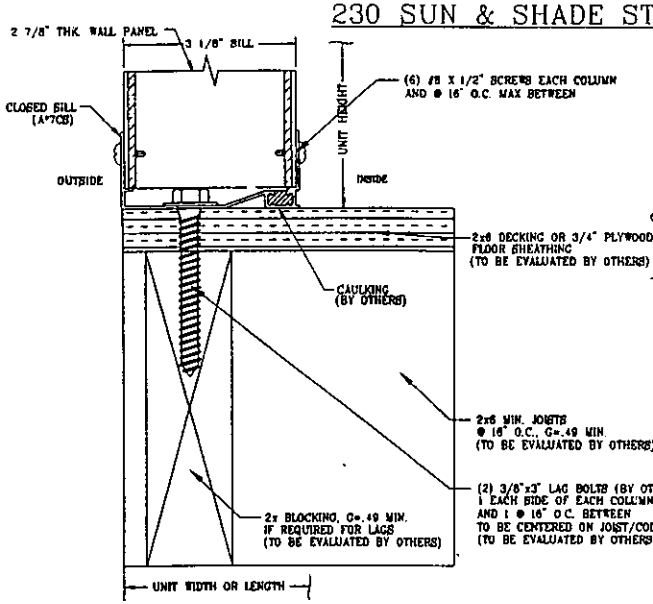
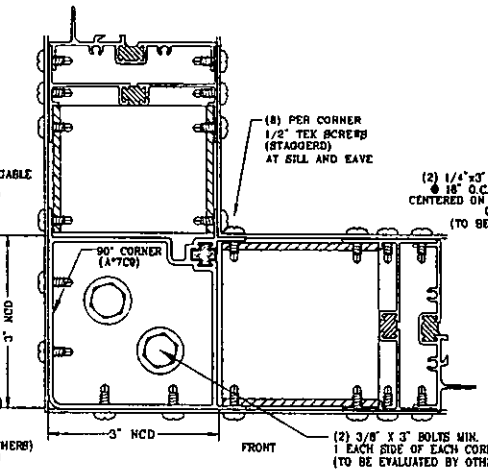
Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		6-8-04	FH
Fire			
Electrical			

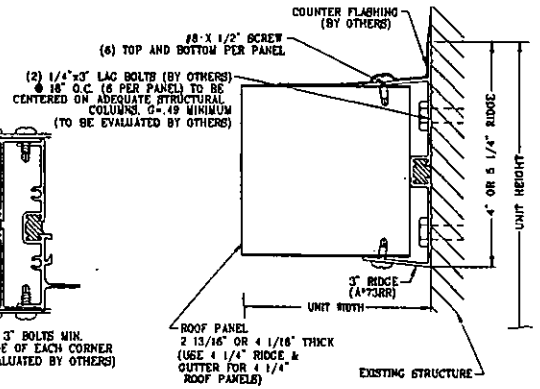
230 SUN & SHADE STRAIGHT EAVE ROOM CROSS SECTION DETAILS



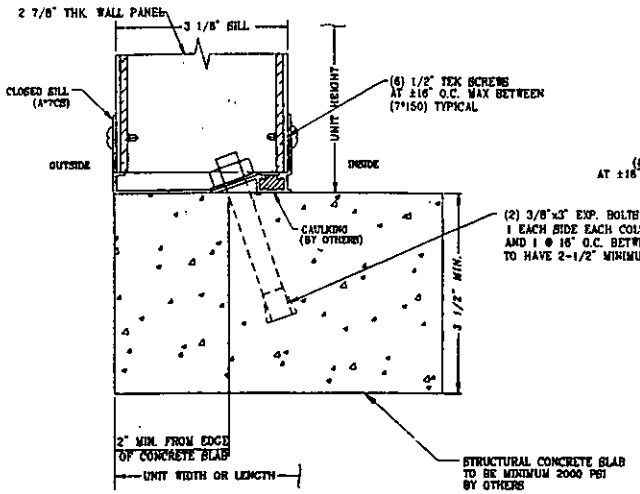
SECTION "A-A" SILL TO DECK CONNECTION



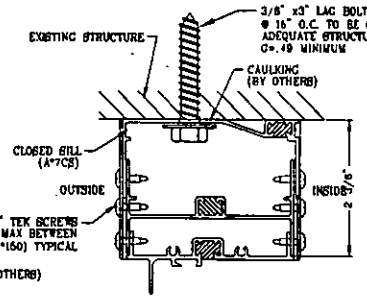
SECTION "B-B" 90° CORNER



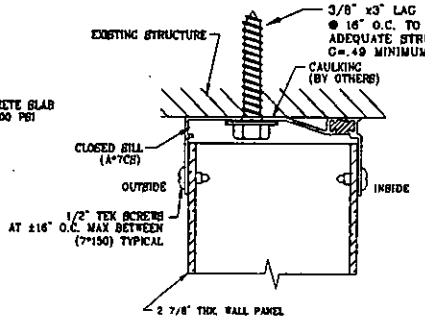
SECTION "D-D" RIDGE



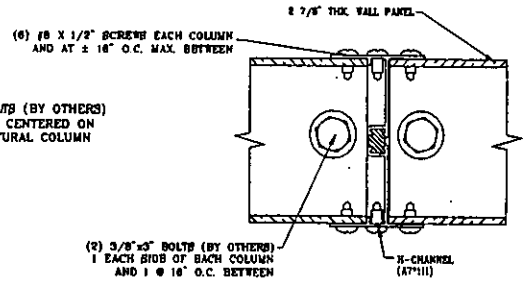
SECTION "A-A" SILL TO CONCRETE SLAB



SECTION "C-C"
GABLE ATTACHMENT
WHEN WINDOWS ARE
AGAINST HOUSE



SECTION "C-C"
GABLE ATTACHMENT



COLUMN SECTION E-E"
TYPICAL REG. & HEAVY H-CHANNEL

REVISION	BY
5-14-02	TW
06-20-02	TW

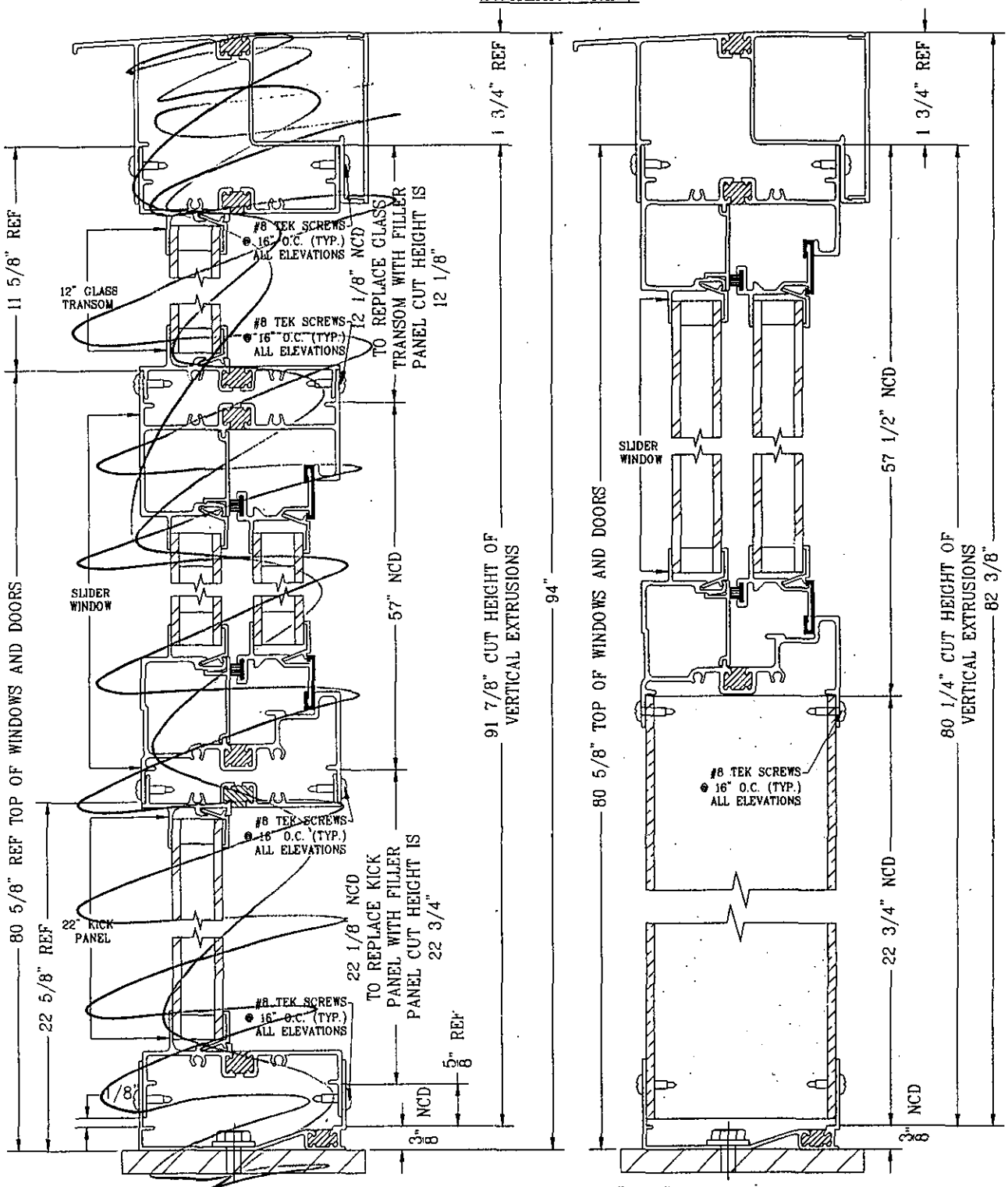
FOUR SEASONS SOLAR PRODUCTS, LLC.
5005 VETERANS MEMORIAL HIGHWAY
HOLBROOK, NEW YORK, 11741
DESIGNERS AND MANUFACTURES OF FOUR SEASONS SUNROOMS

DRAWN BY:	TW
CHECKED BY:	CM
DATE:	05-01-02
SCALE:	NTS
DWG#	LTPG35
PAGE:	OF:

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		6-8-04	FP
Fire			
Electrical			

FRONT WALL SECTIONS GABLE-END WALLS
SIMILAR WALLS



SECTION "J-J" 22" GLASS KICKPANEL-WINDOW GLASS TRANSOM

SECTION "K-K" SOLID KICK PANEL-WINDOW-NO TRANSOM

NOTE:

1. "*" INDICATES EXTRUSION COMES IN SANDTONE, BRONZE OR WHITE. SUBSTITUTE THE "*" WITH "B" FOR BRONZE, "W" FOR WHITE AND "A" FOR SANDTONE.

DRAWN BY: TW	SCALE: NTS	FOUR SEASONS SOLAR PRODUCTS, LLC.
CHECKED BY: CM	DWG. #: LTPG20	5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NEW YORK 11741 DESIGNERS AND MANUFACTURES OF FOUR SEASONS SUNROOMS
DATE: 05-01-02	PAGE 1 OF 2	

REVISION	BY
06-20-02	TW

Brick Township	Class	Date	By
Plan Review			
Zoning			
Plumbing			
Building		6-8-04	FM
Fire			
Electrical			

National Electrical Code
Plan Review Record
Township of Brick

Date: 6-2-04

Site Address: 89 WATERFRONT DR

Reviewed By: TOM

CORRECTION LIST

No.	Description
	Resubmit 06-03-04
	NO ELECTRICAL PLAN
	CALLED ELECTRICAL
6	CONTRACTOR
	295-8900

Party Called and Phone #: _____

Resubmitted on: _____ By: _____

477-5262

6-7-04

Township of Brick building subcode
Application review process
Building subcode

Address of application 89 Water Front Dr

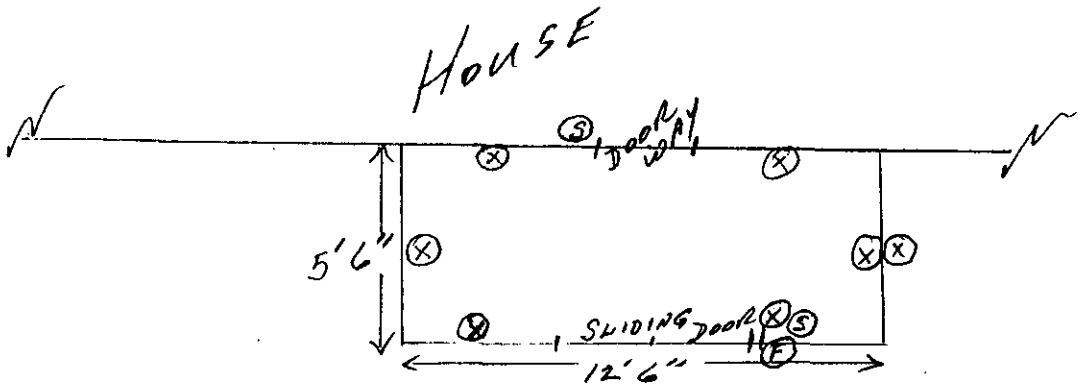
Please be advised that you have been rejected by the building subcode for the following reasons noted on either the framing checklist or our Township checklist.. OR the items listed below.

Please make any corrections on both sets of plans, as lists of information will be rejected.

Is this Sunroom on Slab? Deck?
NO Plans Shown

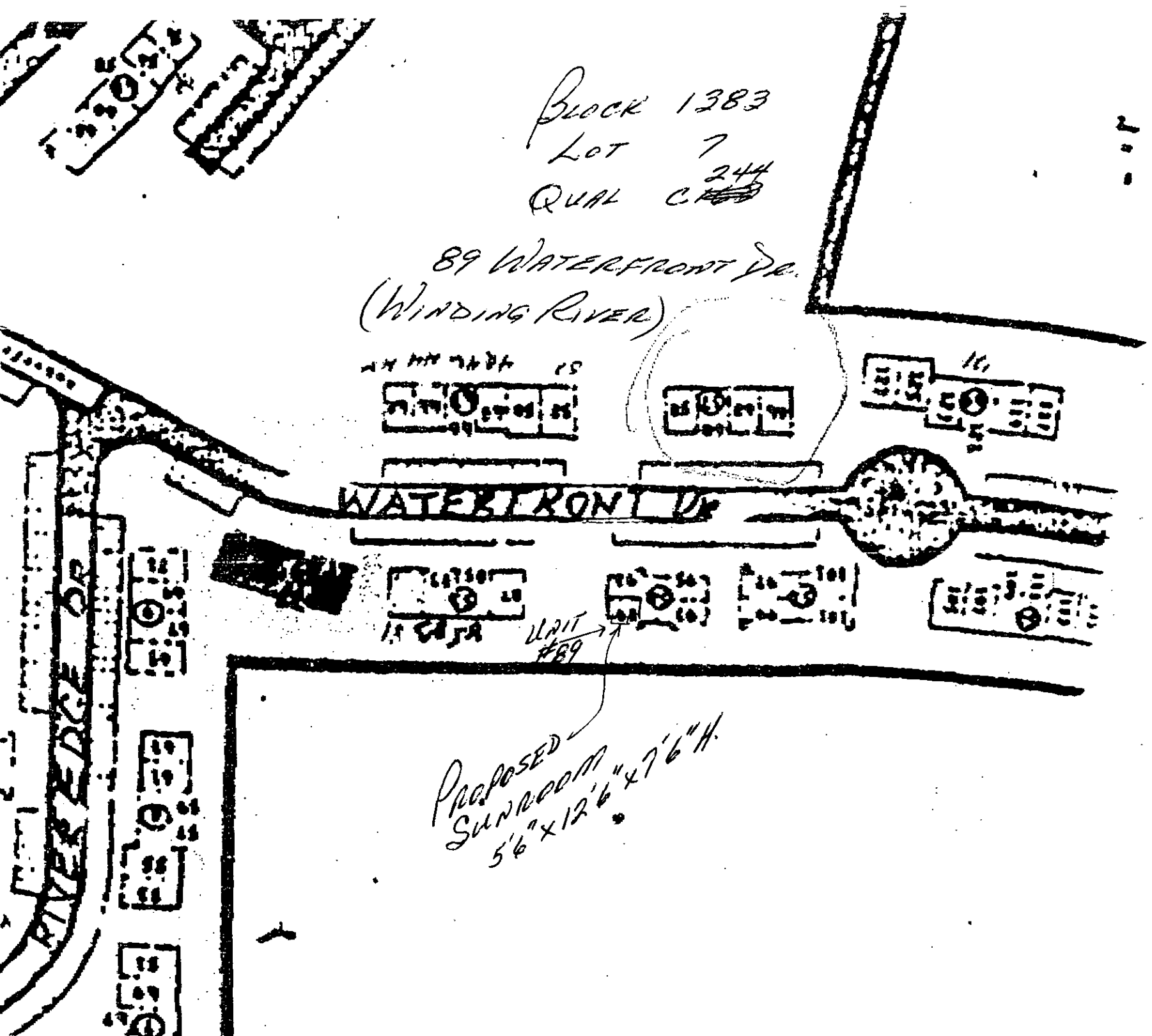
Resubmit
6/7/04
MP

Called Bill Green
Spoke to Bill



89 WATERFRONT DR.
BLK 1383
LOT 7

(X) = OUTLET
(S) = SWITCH
(F) = FIXTURE


BLOCK 1383
LOT 7
QUAL C244
89 WATERFRONT Dr.
(WINDING RIVER)
WATERFRONT Dr
UNIT #89
PROPOSED SUNROOM 5'6" x 12'6" x 7'6" H.

Winding River Village Assn.

100 Skyline Drive, Brick, N.J. 08724

Phone 732-206-0066 **Fax 732-785-0181**

May 5, 2004

Building Department
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08724

RE: Ms. Santa Stoner
89 Waterfront Drive
Brick, NJ 08724

Gentlemen:

Please be advised that the Board of Trustees of Winding River Village Association has approved the addition of a Florida Room to the above captioned unit.

The aforementioned Florida Room must be built according to the Codes and requirements set forth in the Building Code of the Township of Brick and conform, in style, to the existing units.

Very truly yours,

Steven J. Ciliberto

Board of Trustees
Winding River Village Association

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

89 WATERFRONT DR. 1283 7
Work Site Address Block Lot

SANTA STOWER - SAME - [redacted]
Owner's Name, Address, Phone

BILL GREENE
Contractor's Name, Address, Phone

FOR ALL SEASONS
207 Drum Point Rd.
Brick, New Jersey 08723
(732) 477-5262
Fax (732) 477-2037

Construction SUNROOM 5'6" x 12'6" x 7'6" H
Describe type (Single -family home, etc.)

Demolition ~
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material MINOR AMOUNT OF SHEETROCK, CARDBOARD, LUMBER -- 200 LBS.

Name, address and phone of party responsible for removal of debris:
BILL GREENE - CONTRACTOR

Size of dumpster: 20 C.YDS.

Destination of discarded debris: OCEAN CTY LANDFILL - MANCHESTER

Hauler's DEP Permit No.: 15809AA

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

W. GREENE W. Greene 5-18-04
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUE

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 89 WATERFRONT DR (WINDING RIVER)
Block: 1383 Lot: 7
Owner's Name: MS. SARA STONER
Owner's Mailing Address: SAME

Phone: ([redacted]

BUILDING

Contractor: FOR ALL SEASONS
Address: 207 Drum Point Rd.
Brick, New Jersey 08723
(732) 477-5262
Fax (732) 477-2037

Phone#:
Lis # 32629
Federal Emp # or SSN 22-3016929

Technical Data

Description of Work:

Type of Work

___New Building
X Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present: R3 Proposed: R3
No of Stories: 1
Height of Structure: 7'6"
Area of the largest floor: 68
Area of New Structure: 68
Volume of New Structure: 425 cu. Ft.±
Total Land Disturbed: 30± sq Ft.

Cost of Alteration: $
Cost of New Building: $ 9000.00
Cost of Site Work $
Total Cost of New Building Work: $ 9000.00

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

Signature: W. Greene
Please Print Name W. GREENE

ELECTRICAL

Contractor: SEAREN FI
Address:
Phone#: SEE SEPARATE APPLICATION
Lis #:
Federal Emp # or SSN

Technical Data

Item Quantity

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors w/ Fract. HP
Emergency & Exit Lights
Communication Points
Alarm Devices/FAC Panel
Total

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

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

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____

_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____

_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
~~Heat~~ Detectors CARBON MONOX. EXISTING
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature: W. Greene

Print Name: W. GREENE