OWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

I. IDENTIFICATION

. Proposed Work at: 38 Park Jones Dr.

2. Owner Name: Roberts Frances Tel. ( ) 477-4536

Address 555 Adamstown Rd

3. Principal Contractor: William Miller Tel. ( ) 477-4536

Address 555 Adamstown Rd

Lic. No. or Builder Reg. No. 05477 Federal Emp. No. 141-24-3475

5. Architect or Engineer: Tel. ( )

Address

6. Responsible Person in Charge of Work William Miller Tel. ( ) 477 4536

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	$25000

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: 1

After Construction: 1

Net Gain (or loss): 0

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 1
15. Height of Structure 15 Ft.
16. Area–Largest Floor 432 Sq. Ft.
17. Bldg. Area–All Fls. 432 Sq. Ft.
18. Volume of Structure 5184 Cu. Ft.
19. Total Land Area Disturbed 432 Sq. Ft.

2600-12-9

LDS BR 10507901

C. Form F-100 (8/83)

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 Robert K France DATE 11-2-86

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 William Miller TEL.( ) 477-45-36 Dec 22 86

ADDRESS 558 Adamston Rd
Brick

SIGNATURE William Miller

BLOCK NO. 260 -12 LOT NO. 9 SUBDIVISION Shore Acres PERMIT NO. 9619

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			12-26-86	RMM	
	Footings/Foundations					
	Framing					
	Architectural					
	Other 2			12/24/86	JK	
☐	PLUMBING			12/24/86		
☐	ELECTRICAL					
☑	FIRE PROTECTION			12/22/86	SC	
☐	OTHER Eng.			12/29/86		

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
	ALL CONSTRUCTION					
	BUILDING				1-22-87	Rm
	Footings/Foundations					
	Framing					
	Architectural					
	Other					
	PLUMBING				5-28-87	
	ELECTRICAL					
	FIRE PROTECTION					
	OTHER					

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. _____	_____
☐ 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	$ 86.24
PLUMBING	40.-
ELECTRICAL	
FIRE PROTECTION	15.00
OTHER _____	
SUBTOTAL	$ 141.24
– LESS: 20% of subtotal (when plan review performed by state agency).	(9.13)
D.C.A. TRAINING FEE .0006 x 5184	= 3.11
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	
OTHER _____	
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 123.53
DATE _____ Collected By _____	123.53

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	3/3/87		
OTHER Addl plans		JL	45.-
OTHER			
– LESS: Refunds			
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

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

U.C.C. Form F-100 (8/83)

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 9619
DATE ISSUED 12-87
REVISION DATE
Block 260-12 Lot 9
Subdivision Shore Acres

A. IDENTIFICATION

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

Owner Robert France
Address 4, 558 Adamston Rd Brick
Tel. ( ) 477-4536
Work Site Address 14 Paul Jones Brick

Contractor William Miller
Address 558 Adamstown Rd Brick
Tel. ( ) 477-4536
Lic. No. 05407
Federal Emp. No. 141-24-3475

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.

William Miller
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

addition
Bedroom
2 Baths

☐ See Plans

TYPE OF WORK:

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

	Fee Basis	Fee
		$
SUBTOTAL		$ 123.53
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: Res Present Res Proposed

No. of Stories 1 Total Building Area--All Floors 432 Sq. Ft.

Height of Structure 16 Ft. Volume of Structure 5184 Cu. Ft.

Area—Largest Floor 432 Sq. Ft. Total Land Area Disturbed 432 Sq. Ft.

Estimated Cost of Building Work: $ 25000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. ____
DATE ISSUED ____
REVISION DATE ____

Block 260.10 Lot 9
Subdivision ____

A. IDENTIFICATION

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

Owner ____	**Contractor** ____
Address ____	**Address** ____
Tel. ( ) ____	**Tel. ( )** ____
Work Site Address ____	**Lic. No.** ____
	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.

____
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

☐ See Plans

TYPE OF WORK:

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: ____ Present ____ Proposed

No. of Stories 1 — Total Building Area—All Floors ____ Sq. Ft.

Height of Structure ____ Ft. — Volume of Structure ____ Cu. Ft.

Area—Largest Floor ____ Sq. Ft. — Total Land Area Disturbed ____ Sq. Ft.

Estimated Cost of Building Work: $ ____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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	12-26-86	RM
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 1-27-87

Inspected By: RM

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

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

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 9619
DATE ISSUED 1-2-87
REVISION DATE

Block 260-12 Lot 9
Subdivision Shore Acres

A. IDENTIFICATION

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

Owner Robert France
Address C/o 558 Adamston Rd Brick
Tel. ( ) 477 4536
Work Site Address 14 Paul Jones Brick

Contractor William Miller
Address 558 Adamston Rd Brick
Tel. ( ) 477-4536
Lic. No. 05407
Federal Emp. No. 141-24-3475

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.

William Miller
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 $ _____

B4. STAND PIPES

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

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ 15—

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

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Res Present _____ Proposed
Heating Systems — Location: _____
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

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block _____ Lot _____
Subdivision _____

A. IDENTIFICATION

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

Owner _____ Contractor _____
Address _____ Address _____
Tel. ( ) _____ Tel. ( ) _____
Work Site Address _____ Lic. No. _____
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.

_____
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: $ _____ $ _____

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) $ _____

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

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
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

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 1-25-84
Approved By: C Rell

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: _____
Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 9614
DATE ISSUED
REVISION DATE 3/31/87
Block 260 12 Lot 9
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Robert Francis
Address 14 Paul Jones Dr. Brick N.J
Tel. ( )
Work Site Address Same

Contractor B.J Reilly Plbg & Htg
Address 39 Toronto Dr. Brick N.J
Tel. (201) 477 3898
Lic.No./Bus. Permit 7096
Federal Emp. No. 136-48-4561

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.

Bernard J Reilly
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		Air Conditioner Unit	
3	Lavatory/Sink	15		Indirect Connection	
1	Shower/Floor Drain	5		Sewer Ejector	
1	Washing Machine	5		Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher		1	Backflow Device	—
1	Water Heater	5		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15	4	Vent Stack	10
	Steam Boiler			Solar System	
	Water Util. Connection			Other Gas	15
	Sewer Util. Connection			Other	
1	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 60		COLUMN 2	$ 25

Fee	
COLUMN 1	$ 60
COLUMN 2	$ 25
SUBTOTAL	$ 85
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 85

1-287 paid 40-
45
add'l for fees paid 3/31/87 JL.

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage —	Material	P.V.C.	Size	3" 2" 1½
Building Sewer—	Material		Size	
Water Service—	Material	COPPER	Size	¾"
Venting —	Material	P.V.C.	Size	2" 1½

Estimated Cost of Plumbing Work: $ 4450 00/100

D. COMMENTS

Rec'd payment 3/31/87
Recupt # 2165

☐ Partial Releases ☐ Prototype Processing

JL.

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

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 9614
DATE ISSUED
REVISION DATE 3/31/87
Block 260.12 Lot 9
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Robert Francis
Address 13 Paul Jones Dr. Brick N.J.
Tel. ( )

Contractor B.J Reilly Plbg & Htg
Address 39 Toronto Dr. Brick N.J.
Tel. (201) 477 3898

Work Site Address Same

Lic.No./Bus. Permit 7096
Federal Emp. No. 136-48-4561

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.

B. J. Reilly
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		Air Conditioner Unit	
3	Lavatory/Sink	15		Indirect Connection	
1	Shower/Floor Drain	5		Sewer Ejector	
1	Washing Machine	5		Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher		1	Backflow Device	—
1	Water Heater	5		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15	4	Vent Stack	10
	Steam Boiler			Solar System	
	Water Util. Connection			Other Gas	15
	Sewer Util. Connection			Other	
1	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 60		COLUMN 2	$ 25

Fee	
COLUMN 1	$ 60
COLUMN 2	$ 25
SUBTOTAL	$ 85
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 85

1-2-87 paid 40 — 45

add'l fixtures + fees paid 3/31/87

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage –	Material	PVC.	Size	3" 2" 1½
Building Sewer–	Material		Size	
Water Service–	Material	COPPER	Size	¾"
Venting –	Material	PVC.	Size	2" 1½

Estimated Cost of Plumbing Work: $ 4450 Floor

D. COMMENTS

Rec'd payment 3/31/87
Receipt # 2165

☐ Partial Releases ☐ Prototype Processing

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

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 3/31/87
Approved By: D Metcalf

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 5-28-87
Inspected By: J.W. Lyle

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough				4/2/87 DM
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

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

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 9619
DATE ISSUED 1-2-87
REVISION DATE

Block 260-12 Lot 9
Subdivision Shore Acres

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Robert France
Address 40 558 Adamston Rd Brick NJ.
Tel. ( ) 477-4536
Work Site Address 14 Paul Jones Brick

Contractor B.J. Reilly Plbg. INC
Address 39 Toronto Dr. Brick NJ 08723
Tel. (201) 477 3898
Lic.No./Bus. Permit 7096
Federal Emp. No. 136 48 4567

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.

Bernard Reilly

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		Air Conditioner Unit	
2	Lavatory/Sink	10		Indirect Connection	
1	Shower/Floor Drain	5		Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		2	Vent Stack	10
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
1	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$ 30
COLUMN 2	$ 10
SUBTOTAL	$ 40
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material P.V.C. Size 3" 2" 1½"
Building Sewer— Material _____ Size _____
Water Service— Material Copper Size ¾" & ½"
Venting — Material _____ Size _____

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

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 260-12 Lot 9
Subdivision _____

A. IDENTIFICATION

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

Owner _____ Contractor _____
Address _____ Address _____
Tel. ( ) _____ Tel. ( ) _____
Work Site Address _____ Lic.No./Bus. Permit _____
Federal Emp. No. _____

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(Complete for Minor Work and Small Job Only)

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1	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
1	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage — Material PV Size _____
Building Sewer— Material _____ Size _____
Water Service— Material _____ Size _____
Venting — Material _____ Size _____
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

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: 12/26/86

Approved By: [signature]

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

1/6/87

Office of
Division of Inspections

Block: 260-12

Lot: 9

TO: Engineering Department

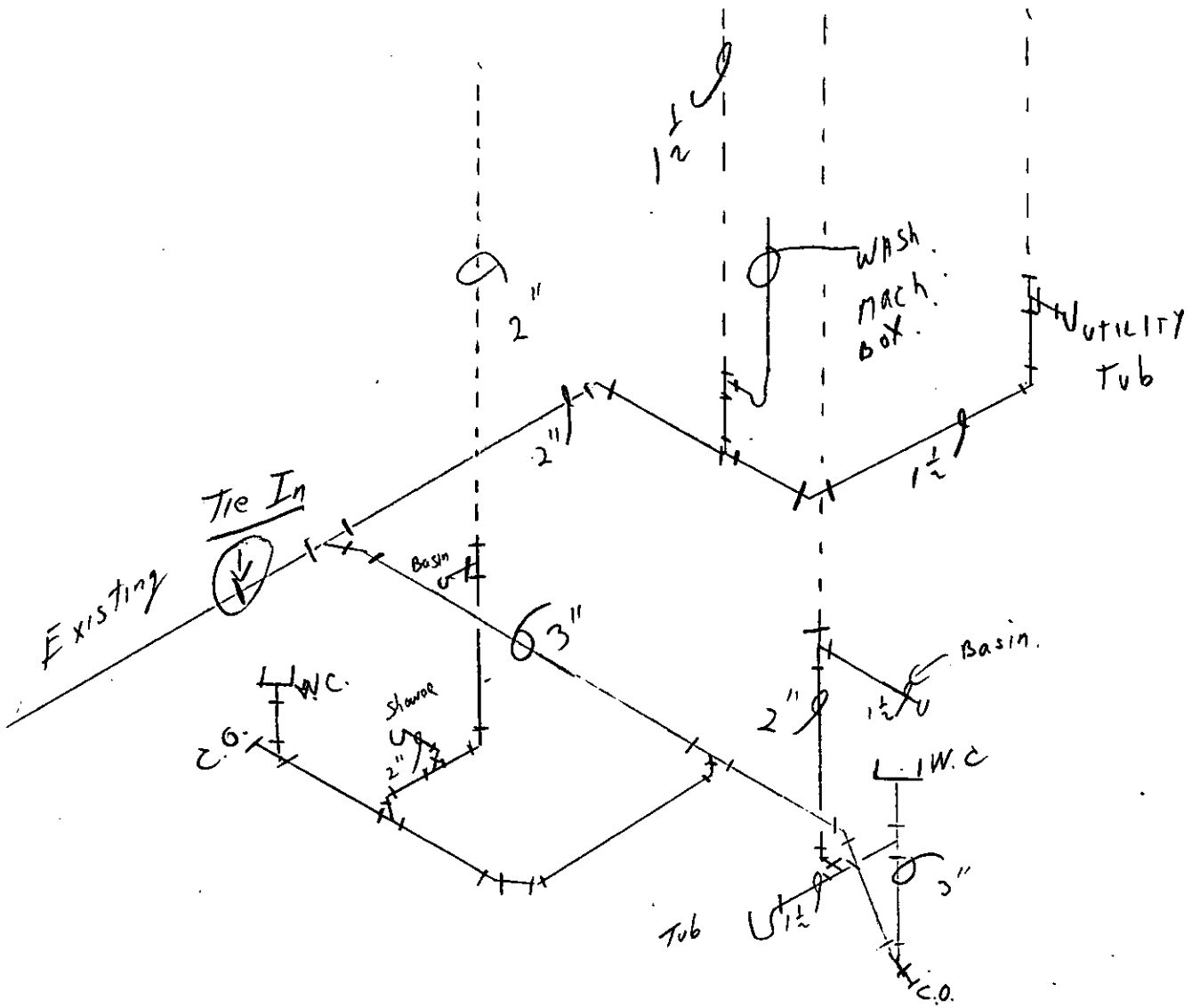
I request to be exempted from plot plan ordinance for the addition to my home at Paul Jones Drive.

X _____
Applicant's signature

RECEIVED
JAN 06 1987
MUNICIPAL ENGINEER

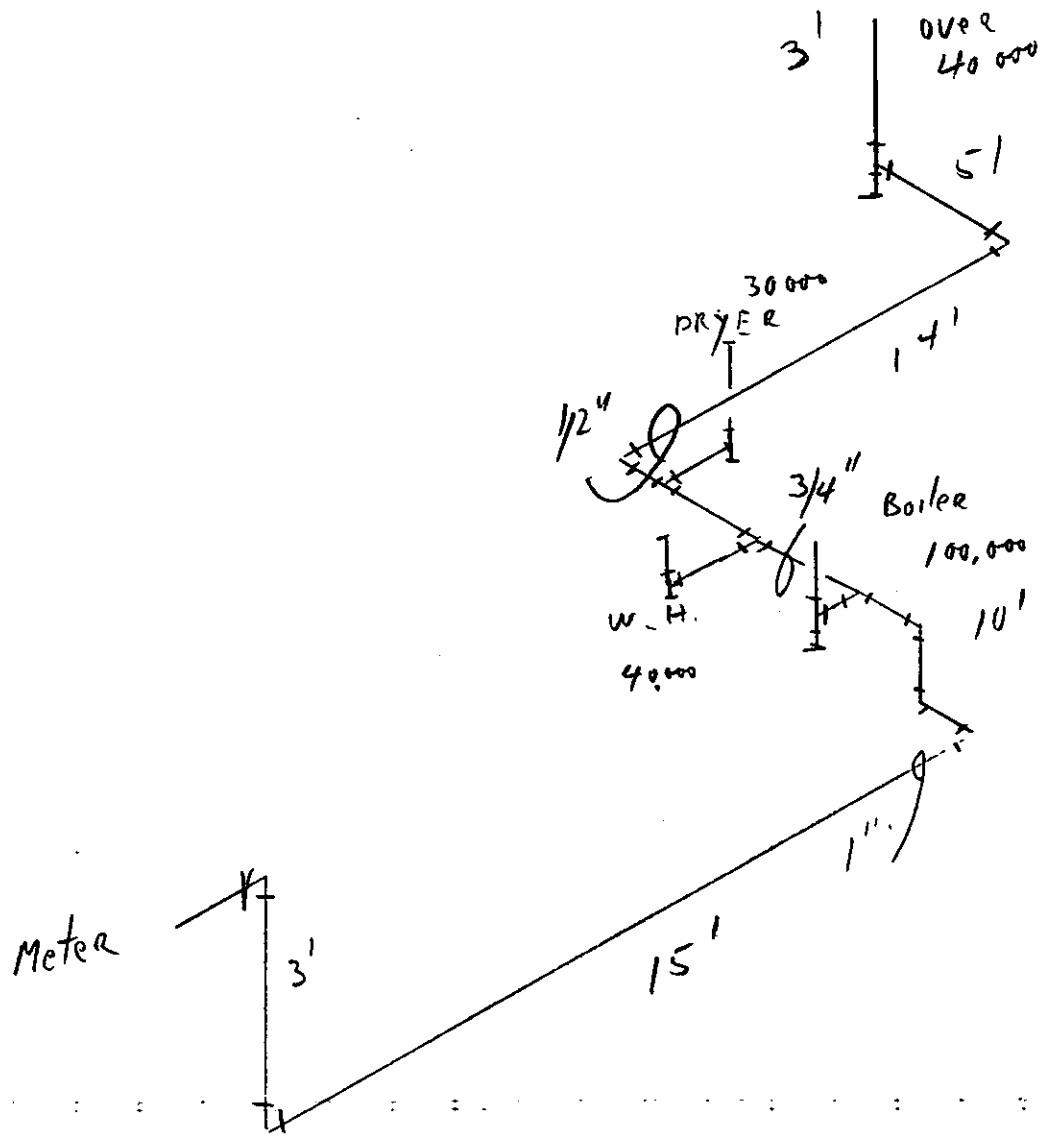
RECEIVED
MUNICIPAL ENGINEER

Approved



Bernard J Patty

ok
3/31/87



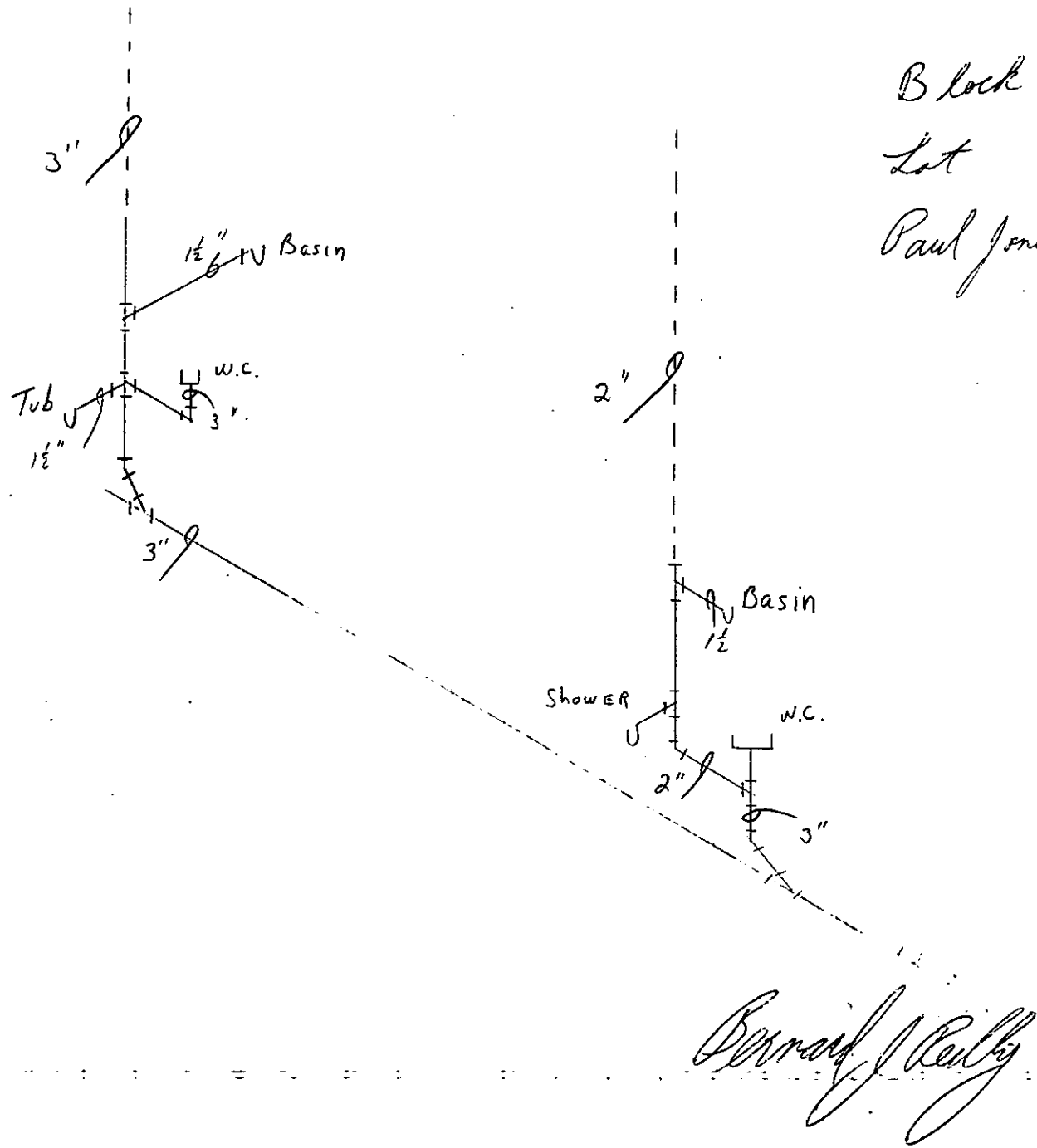
210' 000 BTU

50'

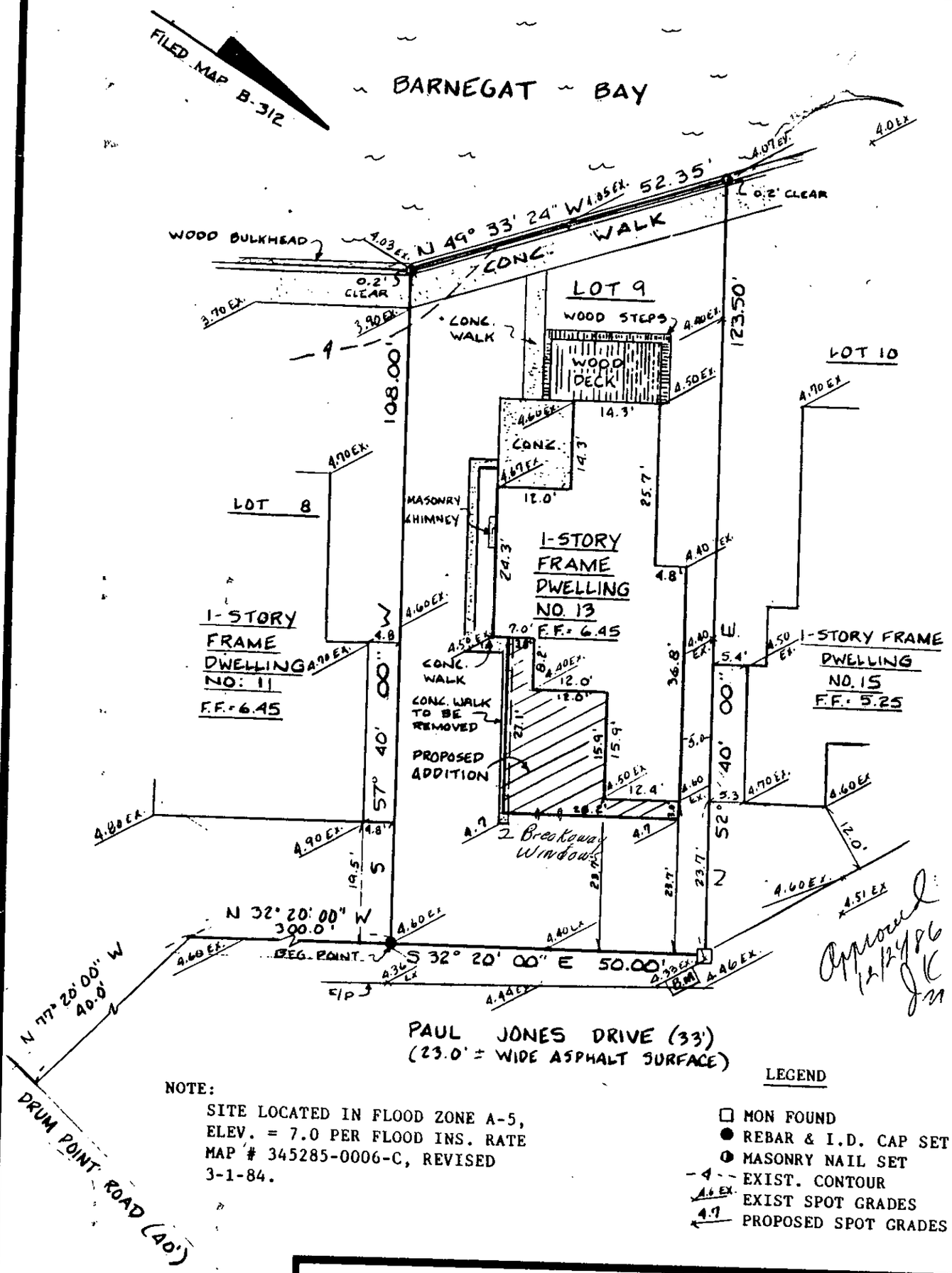
BJ Reilly

dlc
3/31/87

Block 260.12
Lot 9
Paul Jones Pl.



Bernard J. Reilly



NOTE:

SITE LOCATED IN FLOOD ZONE A-5, ELEV. = 7.0 PER FLOOD INS. RATE MAP # 345285-0006-C, REVISED 3-1-84.

LEGEND

- □ MON FOUND
- ● REBAR & I.D. CAP SET
- ◑ MASONRY NAIL SET
- -4- EXIST. CONTOUR
- 4.6 EX. EXIST SPOT GRADES
- 4.7 PROPOSED SPOT GRADES

PLOT PLAN

TAX MAP LOT 9 BLOCK 260.12

BRICK TOWNSHIP

OCEAN COUNTY NEW JERSEY

Owen, Little & Associates, Inc.

CONSULTING ENGINEERS
PLANNERS
SURVEYORS
806 MAIN STREET
TOMS RIVER, NEW JERSEY 08753
TEL: (201) 244-1090

DATE: 12-6-86	SCALE: 1"=20'	DRAWN BY: D.M.	CHECKED: D.O.
DAVID F. OWEN, P.E., P.P. PROFESSIONAL ENGINEER N.J. LIC. NO. 22896 PROFESSIONAL PLANNER N.J. LIC. NO. 1931		DRAWING NO: 86-111013	

David F. Owen