BLOCK 648 LOT 15.01 QUALIFICATION CODE _____ ADDRESS (SITE) 697 MANTOLOKING, PERMIT NO. 10-2323

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-10-002819

I. IDENTIFICATION

1. Proposed Work Site at 697 MANTOLOKING RD
2. Name of Owner in Fee: RAMAMY
   Tel. [redacted] e-mail _____
   Address 697 MANTOLOKING RD (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

BREMMAN CONSTRUCTION CO., INC.
919 ROUTE 33 UNIT 23
FREEHOLD, NJ 07728
(P) 732-780-3348
(F) 732-303-6353
13VH00136900
22-3433296

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40		
2. Electrical			
3. Plumbing	45		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy	1		
12. Other	80		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK

	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									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☑ Fire Protection	500			8-9-10	5	CB	9/8/10		CB
6. ☐ Plumbing									
7. ☑ Electrical					8-10-10	D			
8. ☐ Elevator Devices	500								
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	6,000								

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

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

08-26-10 Called Contractor

Reorder from DCS Printing (609) 398-4375

U.C.C. F100-1 (rev. 8/05)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

BREMMAN CONSTRUCTION CO., INC.
919 ROUTE 33 UNIT 23
FREEHOLD, NJ 07728
(P) 732-780-3348
(F) 732-303-6353
13VH00136900
22-3433296

Agent Name _____

Address _____

_____

Telephone ( ) _____

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/21/2010
Control Number C-10-002819
Permit Number 10-2323
Permit Issue Date 08/27/2010
Certificate Number 10-2323

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 687 MANTOLOKING RD. Brick Township, NJ Block: 648 Lot: 15.01 Qual:

Owner in Fee: RAHMAN, HOSHNARA & FAZLUR ETAL

Owner Address: 687 MANTOLOKING RD BRICK NJ 08724

Telephone:

Contractor BREMMAN CONSTRUCTION

Address 11 MORGAN STREET FREEHOLD NJ

Telephone: (732) 780-3348 Fax:

License Number or Builders Registration Number: 13VH00136900 Federal Emp. Number: 22-3433296

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SMOKES

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

David J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 09/21/2010 U.C.C. F250 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 8/31/10
Control # C-10-002819
Permit # 10-2323

IDENTIFICATION Block: 648 Lot: 15.01 Qualifier
Work Site Location: 687 MANTOLOKING RD. Brick Township, NJ
Contractor BREMMAN CONSTRUCTION
Address 11 MORGAN STREET FREEHOLD NJ
Owner in Fee RAHMAN, HOSHNARA & FAZLUR ETAL
687 MANTOLOKING RD BRICK NJ 08724
Telephone: (732) 780-3348
Lic. No. or Bldrs. Reg. No. 13VH00136900
Telephone:
Federal Employee. No. 22-3433296

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
SMOKES

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

Estimated Cost of Work $550

Construction Official 8-24-10 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$86
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

[illegible] 1 [illegible] [illegible] 0430
XR07 SERV.007
#2323
ELECTRIC $40.00
FIRE $45.00
DCA $1.00
CHECK $86.00

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

☐ A complete copy of released plans must be kept on the job site.

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/27/10

Date Issued / Permit # 10-2323

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

Block 648 Lot 15.09 Qualification Code

Work Site Location 697 MANTOLOKING RD BRICK

Owner in Fee RAIAMAN

Tel. ([redacted]

Address 697 MANTOLOKING RD, BRICK

Contractor: NAGY ELECTRIC (street) (municipality) Tel. (732) 521 0155 (zip code)

Address 101 HALF ACRE RD MONROE NJ Email

Contractor License No. 7217 Exp. Date 2011

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

Federal Emp. ID No. 093624685 FAX: (732 521 3352

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date Approved by:

[ ] Electric Plans Approved

Date Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8-10-10

Approved by: SJ

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 9/14/10

Approved by: SJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/13/10	DD
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace (4) GFI Receptacles

Smoke, CO2 Detectors

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
		Receptacles GFI	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
✓		Alarm Devices/F.A.C. Panel	
		Smoke/CO2	
		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	$

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

648 15.01

FIRE SUBCODE TECHNICAL SECTION

Date Received 8/27/10
Date Issued
Control # CCO-002879
Permit # 10-2323

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

Block 648 Lot 15.01 Qualification Code
Work Site Location 637 MANTOLOKING RD
BRICK
Owner in Fee RAHMAN
Address 637 MANTOLOKING RD
[redacted]
Contractor BREMMAN CONSTRUCTION CO., INC.
Address 919 ROUTE 33 UNIT 23
FREEHOLD, NJ 07728
Tel ( ) (P) 732-780-3348
(F) 732-303-6359
Fire Protection Equipment, NJ Div of Fire Safety Permit No. 13VH00136900
Fire Protection Equipment, NJ Div of Fire Safety Registration No. 22-3433290
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8-23-10
Approved by: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-13-10
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System			9/30	DB
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			9/30	
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
SMOKE, CO2
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	45-
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

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

1. White-Inspector copy 2. Canary-Applicant copy
3. Pink-Office copy 4. White Tag- Office copy

UCC/F-140 (REV. 1/04)

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/27/10
Date Issued 10-
Control # CN-0028919
Permit # 10-2323

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

Block 649 Lot 15.01 Qualification Code

Work Site Location 607 MANTOLOKING RD BRICK

Owner in Fee RAHMAN

Address 607 MANTOLOKING RD BRICK

Tel [redacted]

Cor

Address

Tel ( ) FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

[ ] Other

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 50

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

SMOKE, CO2

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	45
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 8-23-10

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

1. White-Inspector copy 2. Canary-Applicant copy
3. Pink-Office copy 4. White Tag Office copy

UCC/F-140 (REV. 1/04)

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/27/10
Control # CN-002819
Permit # 10-2323

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

Block 649 Lot 15.01 Qualification Code

Work Site Location 627 MANTOLOKING RD BRICK

Owner in Fee RAHMAN

Address 627 MANTOLOKING RD BRICK

[redacted]

Address BREMMAN CONSTRUCTION CO., INC.
919 ROUTE 33 UNIT 23
FREEHOLD, NJ 07728
(P) 732-780-3348
(F) 732-303-6353

Tel ( ) Fax

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 19VH00136900

Fire Alarm Contractor No. 22-3433296

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

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

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

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

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

[ ] Other ____ Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 8-23-10
Approved by: DB

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

SMOKE, CO2

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[✓] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	45.
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

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

1. White-Inspector copy 2. Canary-Applicant copy
3. Pink-Office copy 4. White Tag- Office copy

UCC/F-140 (REV. 1/04)

PROPOSED SMOKE/CO_2 DETECTORS

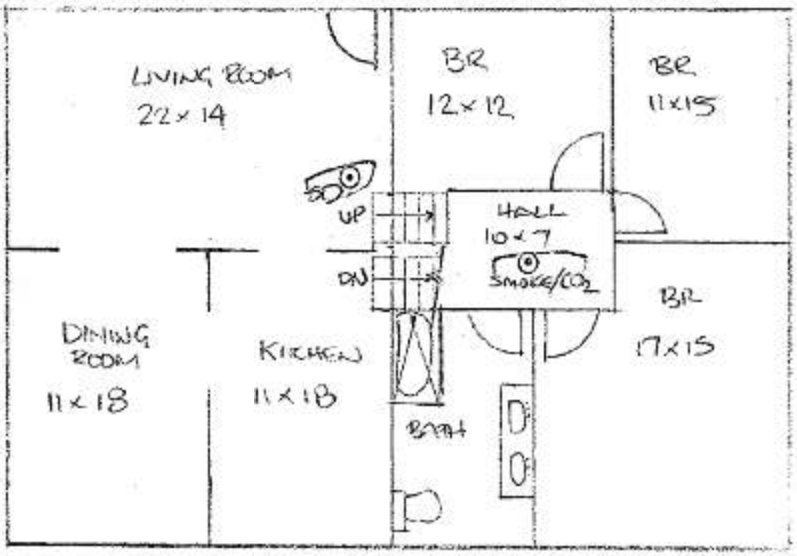
687 MANTOLOKING ROAD

BLOCK 643 LOT 15.01

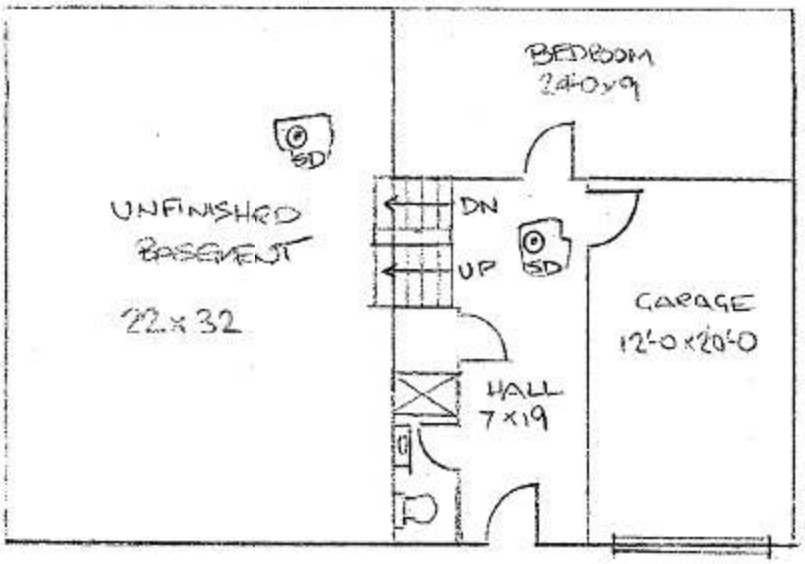
NPP-13

FAZLUR RAHMAN

BREMMAN CONSTRUCTION CO., INC.
919 ROUTE 33 UNIT 23
FREEHOLD, NJ 07728
(P) 732-780-3348
(F) 732-303-6353
13VH00136900
22-3433296



FIRST / SECOND FLOOR



GROUND / BASEMENT

8/31/08

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 687 MANTOLOKING RD BRICK, NJ 08724 CC:

RE: Fire Subcode
Block: 648 Lot: 15.01 Qual:
687 MANTOLOKING RD.
Permit Number: Control Number: C-10-002819
Last Submit Date: Friday, August 06, 2010

Date: Monday, August 09, 2010

Dear RAHMAN, HOSHNARA & FAZLUR ETAL,
Your request is hereby denied based upon the following infractions.

Need plan showing smoke detector locations.

8/30/10
Resubmit
B

Sincerely,

Ron Piszar, Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	2745
DESTINATION ADDRESS	97323036353
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	08/10 13:58
USAGE T	00'34
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 687 MANTOLOKING RD BRICK, NJ 08724 CC:

RE: Fire Subcode
Block: 648 Lot: 15.01 Qual:
687 MANTOLOKING RD
Permit Number: Control Number: C-10-002819
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Date: Monday, August 09, 2010

Dear RAHMAN, HOSHNARA & FAZLUR ETAL,
Your request is hereby denied based upon the following infractions.

Need plan showing smoke detector locations.

Sincerely,

_____

Ron Piszar, Subcode Official

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/27/10
Control #

Date Issued
Permit # 10-2323

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

Block 643 Lot 15.01 Qualification Code

Work Site Location 687 MANTOLOKING RD BRICK

Owner in Fee: RATHMAN

Tel. ([redacted] E-mail

Address 687 MANTOLOKING RD, BRICK (street, municipality)

Contractor: NAGY ELECTRIC Tel. (732) 521 0155 (zip code)

Address 101 HALF ACRE RD MONROE NJ E-mail

Contractor License No. 7217 Exp. Date 2011

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

Federal Emp. ID No. 093624685 FAX: (732) 521 3352

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8-10-10

Approved by: DJ

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-In-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace (4) GFI Receptacles
Smoke, CO_2 Detectors

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
4		Receptacles GFI	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
✓		Alarm Devices/F.A.C. Panel Smoke/CO_2	
		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	$

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

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Bremman Construction Co Inc
David Brennessel
11 Morgan Court
Freehold NJ 07728

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

12/18/2009 TO 12/31/2010
VALID

13VH00136900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR