BLOCK 944 LOT 47 ADDRESS (SITE) South Dr. PERMIT NO. 1947-93

RECEIVED
JUL 27 1993
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 850 South Dr. Brick
2. Name of Owner in Fee: Tim PETERS T [redacted]
   Address 797 North Dr. Brick N.J. 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Jack Taylor Builders Tel. (908) 892-8687
   Address 831 South Dr. Brick N.J. 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer Carl FELTZ. Tel. (908) 892-0208
   Address Bay Ave Pt. Pleasant N.J. 08742
6. Responsible Person In Charge of Work Jack Taylor Tel. (908) 892-8687

II. PROPOSED WORK

Dwelling

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	350,000

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	346	11 3	✓
2. Electrical				
3. Plumbing		200	25	
4. Fire Protection		178		✓
5. Other Fireplace		15		
6. Subtotal	$	739		
7. 20% for Plan Review		74		
8. Subtotal	$			
9. DCA Training Fee		61	12. 6	
10. Subtotal	$			
11. Cert. of Occupancy		111		
12. Other				
13. TOTAL	$	985		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	32 ft.	
3. Area—Largest Floor	2600 sq. ft.	
4. Building Area—All Floors	4750 sq. ft.	
5. Volume of Structure	38400 cu. ft.	
6. Construction Classification	Single Family	
7. Total Land Area Disturbed	2600 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	7' ft.	
10. Wetlands yes _____ sq. ft.		
no X		
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
JY			8/30/93 BK		4/21/94		JK
			8/13/93 JK		6/20/94		JK
			8/11-93	JAH	6/17/94		JAH
					6/21/94		OK BK
Any	8/6/93		8/6/93	DW			

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
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:

UCC Form F-100A

LDS BR 10515018 20K

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 New Jersey 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.

( ) Check if contractor.

Agent Name Jack H. Taylor

Address 831 South Dr
Brick N.J. 08724

Telephone (908) 892-8687

Signature Jack H Taylor Date July 18 1993

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final 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. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☒ Other Zoning	SK	8/5/93	house					
☒ Zoning	SK	2/22/94	deck					
☒ Zoning	SK	6/22/94	fence					

COMMENTS

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No. 1941	7/5/94	
☑ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 7/5/94
Control #
Permit # 1947-93

IDENTIFICATION

Block 944 Lot 47
Work Site Location 850 South Drive
Brick, N.J.
Owner in Fee Jim Peters
Address
Tele. ( )
Contractor Jack Taylor Builders
Address 831 South Drive
Brick, N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. #107406
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Single family dwelling

Type of Warranty Plan: [X] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cerza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 8-20-93
Control #
Permit # 1947-93

IDENTIFICATION Block 944 Lot 47

Work Site Location 850 South Dr. Contractor Jack Taylor Bldr.

Address

Owner in Fee Jim Peters

Address 797 South Dr. Tele. ( ) Brick, NJ.

Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No. BLOCK 0.00

or Social Security No. SS# LOT 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

4,150.

single fam. dwelling 38,400.

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 $ 350000.

A J Ciesla
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)			
Building 346.	47 #		
Plumbing 200.	BUILDING	3	6.00
Electrical	PLUMBING	2	0.00
Fire Protection 178	FIRE	1	8.00
Other Fireplace 15	FIREPLAC		5.00
Other Plan 74	PLAN RVW		4.00
DCA Training Fee 6	D.C.A.		6.00
Cert. of Occ. 111.	C / O	1	1.00
Other	D.C.A.		5.00
Total 955.	TOTAL	9	5.00
Check No. 2550	CHECK	9	5.00
Cash			
Collected By: LP			

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

PERMIT UPDATE

Date Update Issued 6/21/94
Control #
Permit #
Date Permit Issued 1947-93

IDENTIFICATION Block 944 Lot 47
Work Site Location 851 South Dr
Brick N.J.
Owner in Fee Jim Petris
Address Same
Tele. [redacted]

Contractor Jack Taylor
Address 871 South Dr
Brick
Tele. (908) 892-9687
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] Other Fence
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Of Grey 6/23/94 JW

Estimated Cost of Work $ 3500.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	944 #	
Building	30 LOT	0.00
Plumbing	47 B	
Electrical	BUILDING	30.00
Fire Protection	D.C.A.	3.00
Other	TOTAL	33.00
Other	CHECK	33.00
DCA Training Fee	3 CHANGE	0.00
Cert. of Occ.		
Other	06/27/94 NO. 5 0024A005	9.50
Total	33 -	
Check No.	11	
Cash		
Collected By:		

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 3/4/94
Control #
Permit # 1947-93
Date Permit Issued 12-7-93

IDENTIFICATION Block 944 Lot 47
Work Site Location 851 South Dr Spring N.J.
Owner in Fee Tim Mars
Address North Dr Brick
Tele. ([redacted]

Contractor Jack Taylor
Address 871 South Dr Brick N.J.
Tele. ( ) 892-8057
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. or Social Security No. [redacted]

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Grant 3/1/94 Sun Deck
Date

Estimated Cost of Work $ 5,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	944 3	
Building	112-101	0.00
Plumbing	25	13.00
Electrical		25.00
Fire Protection		12.00
Other	1	50.00
Other	1	50.00
DCA Training Fee		0.00
Cert. of Occ.		
Other		
Total	150	150.
Check No.		
Cash		
Collected By:		

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 940629
Control #
Permit # 916279
Date Permit Issued 931210

IDENTIFICATION Block 944 Lot 47
Work Site Location 850 South DR Buck NJ
Owner in Fee Jim Peters
Address 850 South Dr Buck NJ
Tele. (___) [redacted]

Contractor R.T. Brown Electrical Contr
Address 101 Jefferson Dr Buck N.J
Tele. (___) 892-3284
Lic. No. or Bldrs. Reg. No. 10584
Federal Emp. No. ___
or Social Security No. ___

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ___
[✓] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: add 1 20 amp line

Estimated Cost of Work $ 0

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	0.—
Check No.	1513
Cash	
Collected By:	

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

Brick

PERMIT UPDATE

Date Update Issued 940216
Control # 916279
Permit #
Date Permit Issued 931210

IDENTIFICATION Block 944 Lot 47
Work Site Location 850 South Dr
Brick NJ 08724
Owner in Fee Jim Petus
Address 850 South Dr
Brick N.J 08724
Tele. (____)

Contractor R.T. Brown Electrical Contr inc
Address 101 Jefferson Drive
Brick N.J 08724
Tele. (908) 892-3284
Lic. No. or Bldrs. Reg. No. 10584
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

7 +4

DESCRIPTION OF WORK: ADDing 1-8 KW Generator
9 - switchs - 12 outlets 8-Lite outlets

Estimated Cost of Work $ $9,000.00

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	11.—
Check No.	1400
Cash	
Collected By:	

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(1) Needs proper clearance from Edge of Studs for arms
(2) Needs additional Rep 2nd Floor Bdrm

2.9.94 (1) Need application for Central Vac.
(2) Need application for Alarm System

6.6.94 (1) Need Switch at pull down Stairs
(2) Keyless in 2nd floor closets
(3) Need G.F.I. for whirlpool area
(4) Need Switch on whirlpool
(5) Need Rep left side of Kitchen Counter
(6) Need Rep for short walls Dining Rm
(7) Need Specs on Generator Central Switch Transfer
(8) G.F.I. for whirlpool ?

6.13.94 (1) Heater added to whirlpool Total @ 12A.
Whirlpool motor 12A } 1-20A. Circuit

6.20.94 (1) Need update on heater for Hydromassage Tub

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3/4/94
Date Issued
Control #
Permit # 1947-93 Update

Add bathroom in garage

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

Block 944 Lot 47
Work Site Location 550 South Dr.
Brick NJ
Owner in Fee Jim Peters
Address Same,
Tele. ( ) [redacted]
Contractor Allen Callender
Address 113 Degnis Dr.
Brick NJ
Tele. ( ) 899-7432
Lic. No. 8130
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R3 Proposed V
Building Sewer Size 4" Public Sewer V Private Septic _____
Water Service Size 1" Public Water V Private Well _____
Estimated Cost of Plumbing Work $ 3500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-16-94
Approved by: JCH

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By: JCH
Date: 6-17-94

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			3-16-94	JCH
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Allen Callender
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5-
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5-
1	Shower	5-
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other Vent	10-

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ 25-

U.C.C. Form F-130B

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-20,93
Control #
Permit # 1947-93

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

Block 944 Lot 47
Work Site Location 850 South Dr. Brick
Owner in Fee Tim PETERS
Address North Dr. Brick
Tele [redacted]
Contractor JAMES PUORRO
Address Ft. PLEASANT, N.J.
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4"
Water Service Size 1½"
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8-11-93
Approved by: Jatt

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

James Puorro
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	20-
	Urinal/Bidet	
3	Bath Tub	15-
9	Lavatory	45-
2	Shower	10-
	Floor Drain	
2	Sink	10-
1	Dishwasher	5-
	Drinking Fountain	5-
1	Washing Machine	
3	Hose Bibb	15-
✓	Gas Piping	15-
	Fuel Oil Piping	
1	Water Heater	5-
	Steam Boiler	
1	Hot Water Boiler	15-
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
2	Water Cooled A/C or Refrigeration Unit	30
✓	Sewer Connection	
✓	Water Service Connection	
✓	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 200-

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12-7-93
Control #
Permit # 1947-93

Change Pg 2.

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

Block 944 Lot 47
Work Site Location 80 South Drive
Boro
Owner in Fee Jim Peters
Address North Drive
Rock
Tele. ( ) [redacted]
Contractor H&A Collender
Address 113 Dynasty Dr.
Rock
Tele. ( ) 897432
Lic. No. 8730
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1¼"
Estimated Cost of Plumbing Work $ 5,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [illegible]
Date: 6-17-94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			1-27-94	[illegible]
Water				
Sewer				
Fixtures				
Gas Equipment			2-24-94	[illegible]
Gas Final				
Solar				
TCO				

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.

[illegible]
Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	
	Urinal/Bidet	
3	Bath Tub	
9	Lavatory	
2	Shower	
	Floor Drain	
2	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
3	Hose Bibb	
V	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
2	Water Cooled A/C or Refrigeration Unit	
V	Sewer Connection	
V	Water Service Connection	
V	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ _____

extras 1-laundry tub 1-bar sink 1-washing machine (2aa)
2-garbage disposals

Date 12-25

U.C.C. Form F-130A

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PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-20,93
Control #
Permit # 1947-93

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

Block 944 Lot 47
Work Site Location 850 South Dr. Belle
Owner in Fee Tim Peters
Address North Dr.
Tele. [redacted]
Contractor James Puorro
Address Pt Pleasant, N.J.
Tele.( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4"
Water Service Size 1½"
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8-11-93
Approved by: J.M.

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

James Puorro
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	20-
	Urinal/Bidet	
3	Bath Tub	15-
9	Lavatory	45-
2	Shower	10-
	Floor Drain	
2	Sink	10-
1	Dishwasher	5-
	Drinking Fountain	5-
1	Washing Machine	
3	Hose Bibb	15-
✓	Gas Piping	15-
	Fuel Oil Piping	
1	Water Heater	5-
	Steam Boiler	
1	Hot Water Boiler	15-
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
2	Water Cooled A/C or Refrigeration Unit	30
✓	Sewer Connection	
✓	Water Service Connection	
✓	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 200-

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PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12-7-93
Control #
Permit # 1947-93

Change 2 pgs.

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

Block 944 Lot 47
Work Site Location 80 South Drive Rock
Owner in Fee Jim Peters
Address North Drive Rock
Tele. ( ) [redacted]
Contractor Alex Colchester
Address 113 Dennis Dr. Rock
Tele. ( ) 897432
Lic. No. 8730
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1¼"
Estimated Cost of Plumbing Work $ 5150

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	
	Urinal/Bidet	
3	Bath Tub	
9	Lavatory	
2	Shower	
	Floor Drain	
2	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
3	Hose Bibb	
V	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
2	Water Cooled A/C or Refrigeration Unit	
V	Sewer Connection	
V	Water Service Connection	
V	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ _____

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PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/4/94
Date Issued
Control #
Permit # 1947-93

Update

All bathroom in garage

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

Block 944 Lot 47

Work Site Location [illegible]

Owner in Fee [illegible]

Address [illegible]

Tele. (____) [illegible]

Contractor [illegible]

Address [illegible]

Tele. (____) [illegible]

Lic. No. [illegible]

Federal Emp. No. ______ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS
Use Group Present [illegible] Proposed ______

Building Sewer Size 4 Public Sewer ✓ Private Septic ______

Water Service Size 1¼ Public Water ✓ Private Well ______

Estimated Cost of Plumbing Work $ 2500.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumb. Plans Approved

Date: 2-16-94

Approved by: [signature]

SUBCODE APPROVAL:

[ ] CO [ ] CCO [ ] CA

Approved By: ______

Date: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

(Dates (Month/Day) apply to Failure, Failure, Approval columns.)

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[signature]

Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5—
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5—
1	Shower	5—
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other Vent	10—

Administrative Surcharge $ ______

Paid [ ] Check # ______ Minimum Fee $ ______

DCA Training Fee $ ______

Collected by: ______ TOTAL $ 25—

U.C.C. Form F-130B

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PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3/4/94
Date Issued:
Control #
Permit # 1947-93

Add bathroom in garage — Update

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

Block 949 Lot 47
Work Site Location 850 South Dr.
Brick NJ
Owner in Fee Jim Peters
Address Same
[redacted]
Tele. (____) [redacted]
Contractor [illegible]
Address 113 Dennis Dr.
Brick NJ
Tele. (____) 899 7432
Lic. No. 8130
Federal Emp. No. ________ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R3 Proposed ✓
Building Sewer Size 4" Public Sewer ✓ Private Septic ____
Water Service Size 1¼" Public Water ✓ Private Well ____
Estimated Cost of Plumbing Work $ $2500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-16-94
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO. [ ] CCO [ ] CA
Approved By: ____
Date: ____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5-
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5-
1	Shower	5-
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other Vent	10-

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL $ 25-

U.C.C. Form F-130B

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-20-93
Control #
Permit # 1947-93

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

Block 944 Lot 47
Work Site Location 850 South Dr.
Brick NJ. 08724
Owner in Fee Jim Peters
Address 717 North Dr. Brick

Tele [redacted]
Contractor Jack Taylor
Address 531 South Dr.
Brick NJ.
Tele. (908) 892-8687
Lic. No.
Federal Emp. No. ______ or Social Security [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ______ Proposed Furnace 1 fl
Constr. Class. Present ______ Proposed ~~Above~~ Wood

Heating Systems [ ] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Garage — Basement — 18" [illegible]

Total Est. Cost of Fire Prot. Work $ 1000 [ ] Other ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS: Type:	Failure	Failure	Approval	Initial
[ ] No Plans Required					
Joint Plan Review Required:	Suppression Test				
[ ] Bldg. [ ] Plumb.	Fire Alarm Test				
[ ] Elec. [ ] Elevator	Smoke Test				
[X] Fire Plans Approved	Mechanical				
Date: 8/11/93	TCO				
Approved by: [illegible]	Other				
SUBCODE APPROVAL:	Other				
[ ] CO [ ] CCO [ ] CA	Other				
Date:					
Approved by:					

(Dates (Month/Day) spans the Failure, Approval and Initial columns.)

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] SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source City
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ___ Fuel ___
Combustible Liquid Storage Tanks ( ) Capacity ___ Fuel ___
L.P.G. Storage Tanks ( ) Capacity ___ Fuel ___
L.N.G. Storage Tanks ( ) Capacity ___ Fuel ___

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC 12C	12	46
Heat Detectors Battery Back up		
TOTAL	12	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	~~3~~ 4	99
OTHER Fire place	1	33

Paid [ ] Check # ______
Collected by: ______

Administrative Surcharge $ 178
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. Form F-140B
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BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/4/94
Control #
Permit # 1947-93

update

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

Block 944 Lot 47
Work Site Location 850 Souther. Brug
Owner in Fee Jim Peters
Address North. D
Tele. [redacted]
Contractor Jack Lyle
Address 831 South D. Elca
Tele. (908) 992-8607
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

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

SunDeck

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	3/2/94	AC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date. 6-21-94		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			5/18/94	JK
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ ____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[X] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

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BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Received
Date Issued 8-20-93
Control. #
Permit # 1947-93

NEED AS BUILTS

RJK

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

Block 944 Lot 47
Work Site Location 850 South Dr.
Brick N.J. 08724
Owner in Fee Jim Peters
Address 797 North Dr.
Brick N.J. 08724
Tele. [redacted]
Contractor Jack Taylor
Address 831 South Dr.
Brick N.J. 08724
Tele. ( ) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security [redacted]

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 Jack H. Taylor

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Single Family Cape Cod Style NEW Home

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	8/20/93	AA
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date. 6-21-94
Approved By: J. Arnold

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			9/2/93	JK
Foundation			9/23/93	JK
Slab				
Frame			2/10/94 over	JK
Insulation			9/25/94	AA
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Sing Fam Proposed Sing Fam
Constr. Class Present 5B Proposed 5B
No. of Stories 2
Height of Structure 32 Ft.
Area—Largest Floor 2600 Sq. Ft.
Total Bldg. Area/All Floors 4150 Sq. Ft.
Volume of Structure 38,400 Cu. Ft.
Total Land Area Disturbed 2600 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 350,000
2. Alteration $ _____
3. Total (1+2) $ 350,000

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

2-10-94- Need as built to for ① garage - (column eliminated; TJ's increased to 11" for 9½")

② Change in garden is Fam. Room - Dining room from (2) 3x10 to parallam.) ③ Master B.R. closet eliminated balcony added.)

Need attic ventilation calculations - no roof venting -JK

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-20-93
Control #
Permit # 1947-93

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

Block 944 Lot 47
Work Site Location 850 South Dr. Brick N.J. 08724
Owner in Fee Jim Peters
Address 732 North Dr.
[redacted]
Tele
Contractor Jack Taylor
Address 831 South Dr. Brick N.J. 08724
Tele ( )
Lic No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security [redacted]

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 Single Family Cape Cod Style New Home

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[✓] All 8/24/93
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [✓] CCO [ ] CA
Date.
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Sing Fam Proposed Sing Fam
Constr Class Present 11 Proposed 11
No. of Stories 2
Height of Structure 32 Ft.
Area—Largest Floor 2600 Sq. Ft.
Total Bldg. Area/All Floors 4150 Sq. Ft.
Volume of Structure 38400 Cu. Ft.
Total Land Area Disturbed 2600 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 350,000
2. Alteration $
3. Total (1+2) $ 350,000

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A
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BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/27/94
Date Issued
Control #
Permit # 1947-93 update

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

Block 944 Lot 47
Work Site Location 850 South Dr
Owner in Fee Bruce Tim Peters
Address 850 South Dr
Beach
Tele. [redacted]
Contractor Jack Engle
Address 531 South Dr
Beach N.J.
Tele 905)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security N [redacted]

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 Jack Engle

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

fence
4' picket
2" space

1947-93

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date.		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ ____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/4/94
Control #
Permit # 1947-93

update

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

Block 944 Lot 47
Work Site Location 550 South Dr. Brick
Owner in Fee Jim Peters
Address North Dr
Tele. [redacted]
Contractor Jack Tyler
Address 531 South Dr Brick
Tele. (908) 892-8607
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [redacted]

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 Jack H. Tyler

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sundeck

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	3/2/94	JC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL [ ] CO [ ] CCO [ ] CA

Date:

Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ ____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[X] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A 1. White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/4/94
Control #
Permit # 1947-93

update

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

Block 944 Lot 47
Work Site Location 850 South Dr.
Brick
Owner in Fee Tom Peters
Address North Av
[redacted]
Tele. [redacted]
Contractor Tom Peters
Address 531 South Dr
Brick
Tele (908) 477-6607
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [redacted]

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

Sundeck

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	3/2/94	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date.
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[X] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

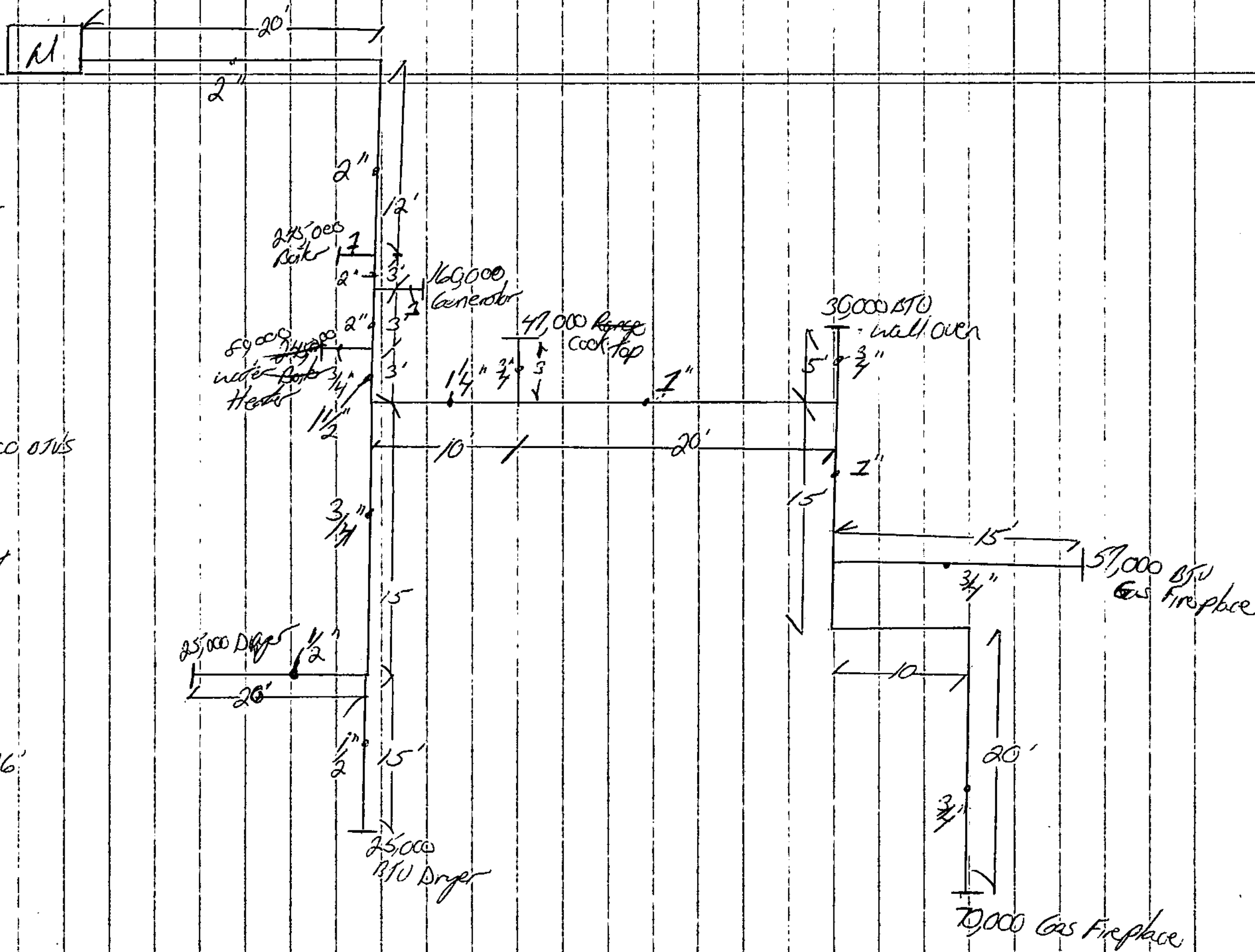
Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

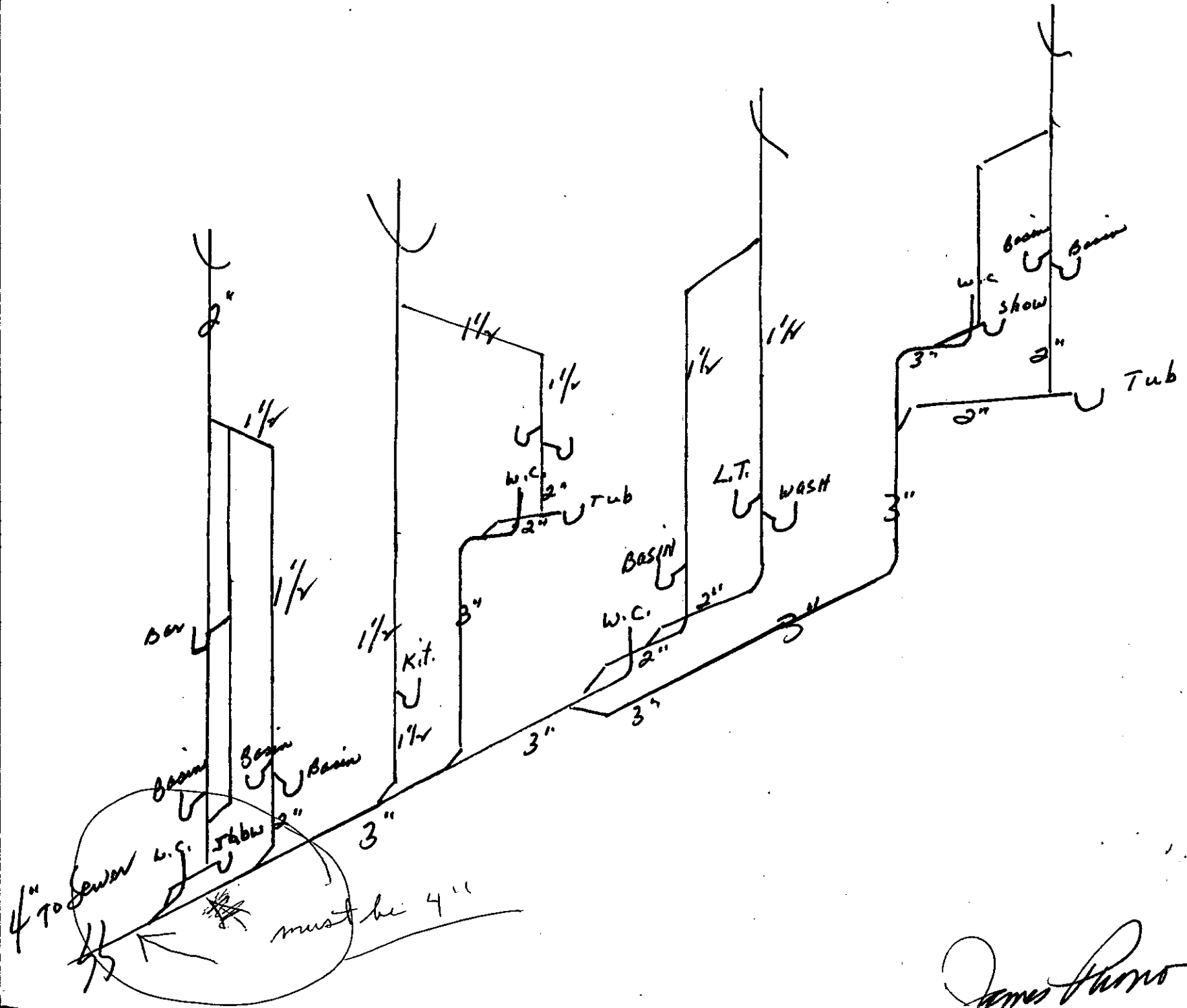
U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

245
160
80
25
25
47
30
57
70
739,000 BTUs

785
254
30[illegible]

116'




2"
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W.C.
Tub
L.T.
WASH
BASIN
W.C.
Show
Tub
Basin
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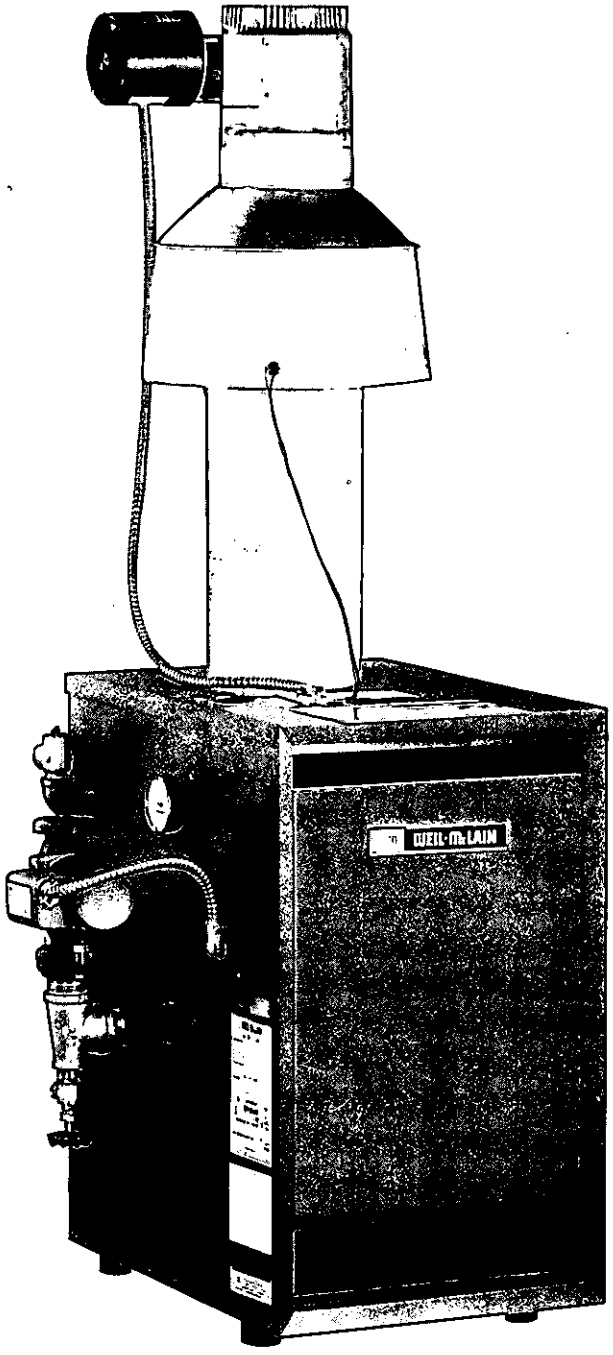
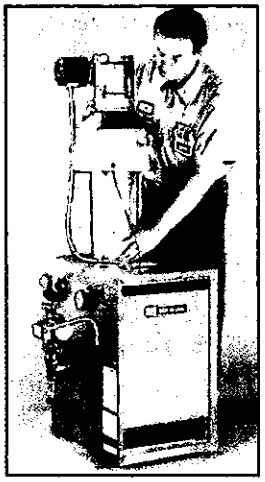
Basin
K.it.
Tubb
W.C.
4" to Sewer
must be 4"

WEIL-McLAIN





CG

SERIES 11

HIGH-EFFICIENCY GAS BOILER

NET LOAD RANGE

HOT WATER:
37,000 to
176,000 BTU/Hr.

Design certified by
American Gas Association

Net ratings are approved by
The Hydronics Institute

DOE

Heating capacities based on standard test procedures prescribed by the United States Department of Energy

Built in accordance with the requirements of the ASME Boiler and Pressure Vessel Code

AMERICA'S MOST COMPLETE LINE OF CAST IRON BOILERS
RESIDENTIAL . . . COMMERCIAL . . . INDUSTRIAL . . . INSTITUTIONAL

Before purchasing this appliance, read important cost and efficiency inf available from your

CG

HIGH-EFFICIENCY GAS BOILER

WEIL-McLAIN

MICHIGAN CITY INDIANA

The Weil-McLain CG cast iron gas boiler is available in two models:

- **CG-SPD**—80% efficiency model with standing pilot
- **CG-PID**—82% efficiency model with intermittent electronic ignition system

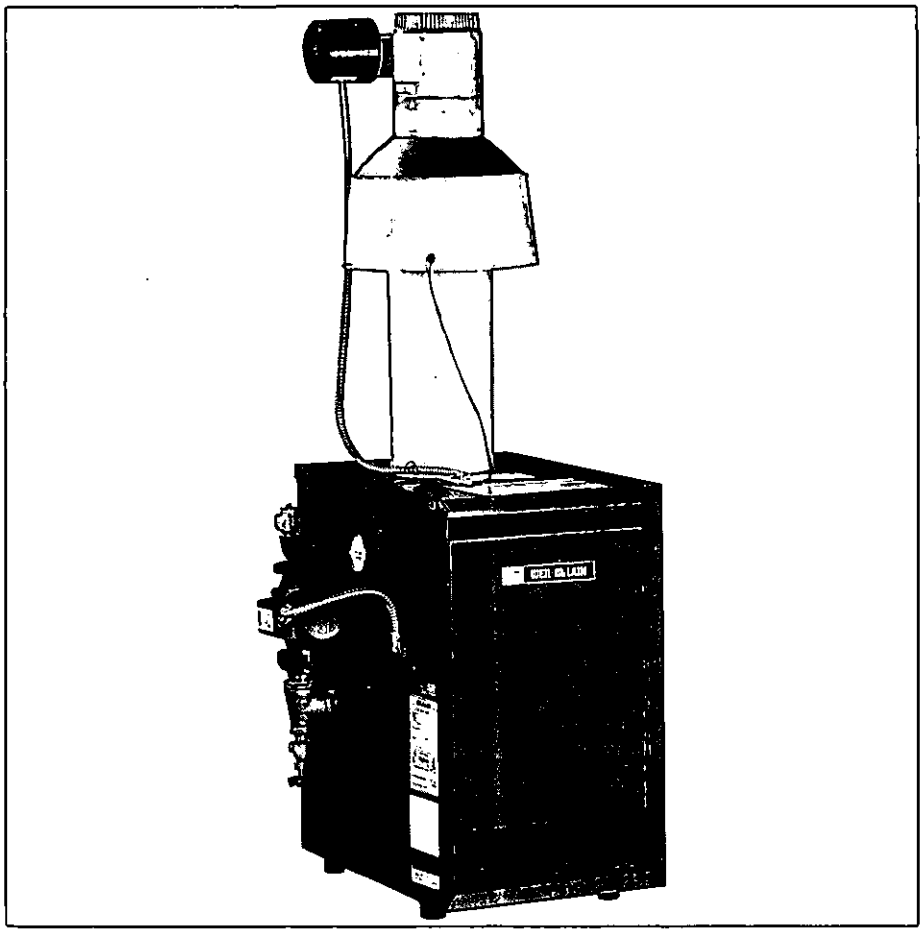
Both models are furnished with an automatic vent damper to increase operating efficiency and save fuel.

The CG boiler is available in seven sizes with net I-B-R ratings from 37,000 to 176,000 BTU/HR. The unit is designed for forced hot water heating systems in new homes and apartments ... or for replacement of old, inefficient heating equipment.

The CG is designed and engineered for fast installation ... reliable operation ... convenient servicing ... high efficiency ... and long life.

Most important, the CG is made by Weil-McLain, America's leading name in cast iron boilers for over 110 years.

DESIGN ADVANTAGES

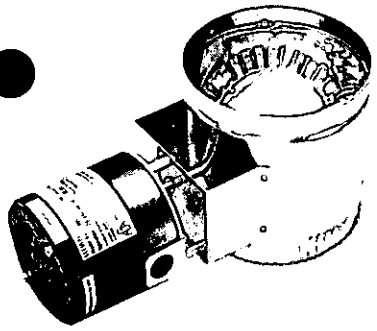


1. **HIGH OPERATING EFFICIENCY.** CG-SPD operates at 80%; CG-PID at 82%.
2. **FACTORY-TESTED.** Every boiler is water- and fire-tested to assure reliable operation.
3. **AUTOMATIC VENT DAMPER.** Prevents heat from escaping up the chimney when the burners are not operating. Saves fuel.
4. **VENT PROVING CONTROLS.** Rollout thermal fuse element and spill switch shut down the boiler if blockage occurs in either the boiler or venting system.
5. **COMPACT DESIGN.** Saves valuable space.
6. **NEW PARTS APPROACH.** Repair parts furnished in convenient kits with everything needed.
7. **CONVENIENT SERVICING.** Easily accessible controls ... simple wiring ... top cleaning ... vertical flueways.
8. **STEEL JACKET.** Durable powder-coat blue finish ... insulated to retain heat and clear of the floor to prevent rust.
9. **PROTECTIVE CRATE.** The boiler is mounted on a pallet in a sturdy wirebound wooden crate. Ready for fast installation.
10. **ALUMINIZED STEEL BURNERS.** Feature quiet ignition and extinction. Burners provide fixed primary air ... no air adjustment required.
11. **5-YEAR HOMEOWNER PROTECTION PLAN—OPTIONAL.** Covers boiler parts supplied by Weil-McLain and labor for all eligible repairs. Available through participating installers.

WEIL-McLAIN 5 HOMEOWNER PROTECTION PLAN YEAR

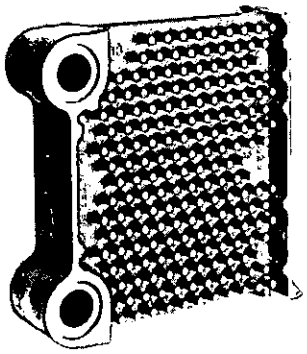
PLAN ADMINISTERED BY TAW, INC.

AUTOMATIC VENT DAMPER



A tested and approved automatic vent damper is furnished as standard equipment. The damper prevents heat from escaping up the chimney when the boiler is not operating to increase efficiency, save fuel. Simple plug-in connectors assure mistake-proof wiring.

CAST IRON CONSTRUCTION



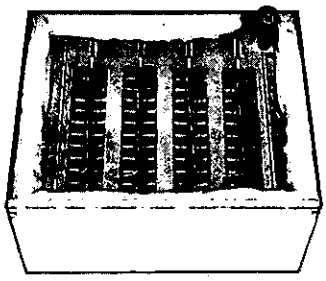
Boiler sections are made of durable cast iron for strength and long life. It's not uncommon for Weil-McLain cast iron boilers to last 35 years or more.

The vertical flue passages are studded with heat pins that cause the hot gases to swirl about, scrubbing the entire surface of each section for maximum heat transfer. Radiation plates further increase heat transfer for maximum efficiency.

Modern elastomer sealing rings in the port openings assure a permanent water-tight seal. The flexibility and elastic memory of these seals (unlike metal push nipples) prevent leaks caused by thermal expansion and contraction.

A special high-temperature sealant between boiler sections assures gas tightness.

CONVENIENT SERVICING

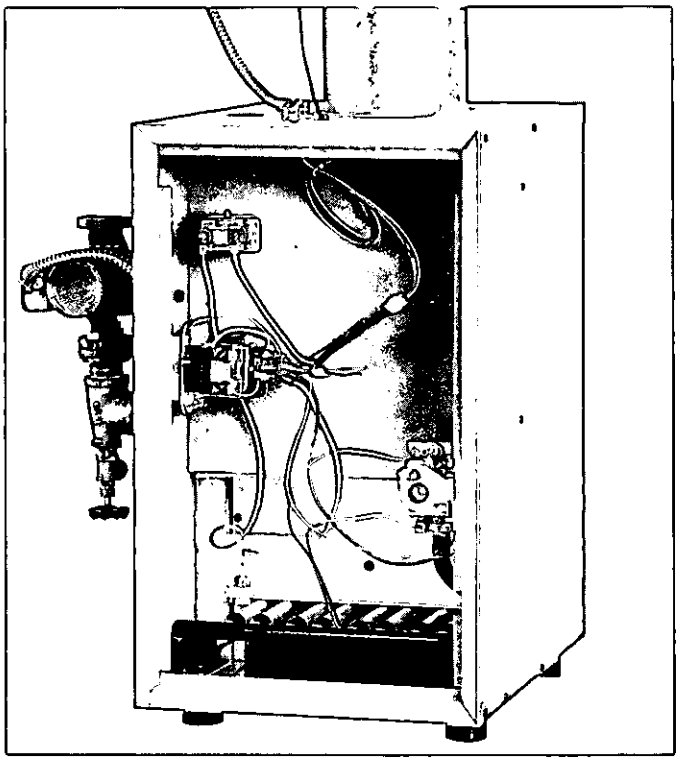


Keeping the CG in top operating condition is a simple matter. Removing the back half of the top jacket panel, collector hood, and radiation plates exposes the flueways for easy cleaning.

Removing the front jacket door and front base panel allows access to the burners.

CONTROL SYSTEMS

CG-SPD



The CG-SPD is furnished with a standing pilot system electrically interlocked with the automatic vent damper.

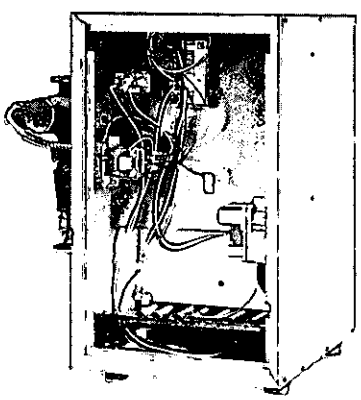
When the thermostat calls for heat—
- Circulator starts and damper begins to open
- When the damper is proven open (in approximately 15 seconds) the gas valve opens to ignite the main burners

When the thermostat is satisfied—
- Circulator stops; damper begins to close
- Gas valve closes
- Damper is fully closed within approximately 15 seconds

If boiler water temperature reaches the high limit setting—
- Gas valve closes
- Damper closes in approximately 15 seconds
- Circulator keeps running

The CG control system is design certified by A.G.A. and all components are UL-listed.

CG-PID



Operating sequence is the same as above except there is no constant burning pilot. Instead an electronic spark ignites the pilot. The PID system features a Weil-McLain UCM universal ignition control module.

CG

HIGH-EFFICIENCY GAS BOILER

WEIL-McLAIN

MICHIGAN CITY INDIANA

RATINGS

DOE

Water Boiler Number▲	A.G.A. Input BTU/Hr.	DOE Heating Capacity BTU/Hr.*	Net I-B-R Ratings-Water BTU/Hr.**	DOE Seasonal Efficiency Percent (AFUE)			Chimney Size
				High-Efficiency Model (SPDN)	High-Efficiency Model (SPDL)	Highest-Efficiency Model (PIDN)	
CG-25	52,000	43,000	37,000	80.2	80.4	83.0	4" I.D. x 20'
CG-3	70,000	58,000	50,000	80.1	80.7	82.2	4" I.D. x 20'
CG-4	105,000	88,000	77,000	80.4	81.4	82.9	5" I.D. x 20'
CG-5	140,000	117,000	102,000	80.4	81.5	82.5	6" I.D. x 20'
CG-6	175,000	145,000	126,000	80.5	81.6	82.2	6" I.D. x 20'
CG-7	210,000	174,000	151,000	80.5	81.7	81.8	7" I.D. x 20'
CG-8	245,000	202,000	176,000	80.5	81.8	81.4	7" I.D. x 20'

▲ Add "SPD" to designator for boiler with standing pilot. Add "PID" to designator for boiler with intermittent electronic ignition system. For SPD models add "N" for natural gas, "L" for propane (propane not available for PID).

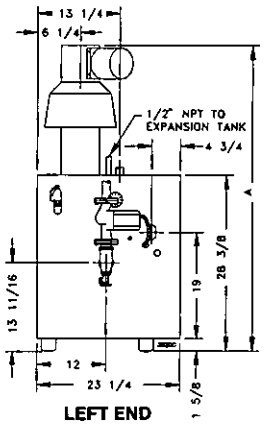
* Based on standard test procedures prescribed by the United States Department of Energy.

** Net I-B-R ratings are based on net installed radiation of sufficient quantity for the requirements of the building and nothing need be added for normal piping and pick-up. Ratings are based on a piping and pick-up allowance of 1.15. An additional allowance should be made for unusual piping and pick-up loads.

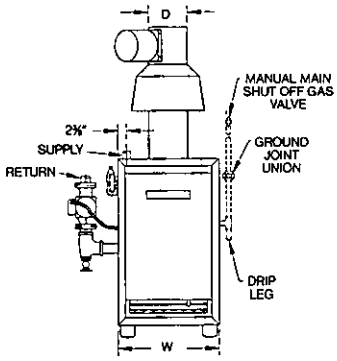
NOTE: CG boilers for residential radiant panel systems, converted gravity heating systems, or other low water temperature applications should be installed with balancing valves and by-pass piping equal to the supply and return size to avoid excessive flue gas condensation due to lower operating water temperatures.

NOTE: CG boilers are A.G.A. design certified for installation on combustible flooring. Tested for 50 PSI working pressure. Not available for millivolt systems.

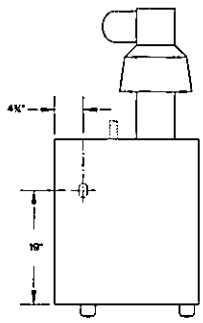
DIMENSIONS



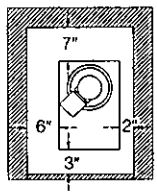
LEFT END



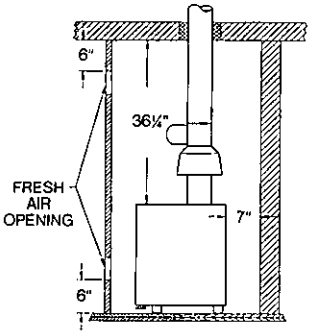
FRONT



RIGHT END



TOP VIEW



SIDE ELEVATION

MINIMUM CLEARANCE FOR CLOSET INSTALLATIONS

Water Boiler Number	Number & Size of		Dimensions—Inches			Gas Connection Size** Natural and Propane	Crate Dimensions (outside measurements-in.)		
	Supply (NPT)*	Return (in circulator)	A	D	W		Length	Width	Height
CG-25	1—1¼"	1—¾"	45⅛	4	10	½	27	27½	31½
CG-3	1—1¼"	1—1"	52⅜	4	10	½	27	27½	31½
CG-4	1—1¼"	1—1"	54⅜	5	13	½	27	27½	31½
CG-5	1—1¼"	1—1"	57⅞	6	16	½	30	27½	31½
CG-6	1—1¼"	1—1¼"	60⅞	6	19	½	33	27½	31½
CG-7	1—1¼"	1—1¼"	62⅛	7	22	¾	36	27½	31½
CG-8	1—1¼"	1—1½"	64⅞	7	25	¾	42	27½	31½

*1¼" supply tapping in left end section. Bush to ¾" for CG-25; increase to 1½" for CG-8

**Sizes shown are gas connection sizes. Gas piping from meter to boiler to be sized according to local utility requirements.

STANDARD EQUIPMENT

Factory Fire Tested
Insulated Extended Jacket
Built-In Air Separator
Vertical Draft Hood (in separate carton)
Automatic Vent Damper
Radiation Plates
Combination Gas Valve for 24 Volt
Non-Linting Pilot Burner
Aluminized Steel Burners
Combination Relay Receptacle and 40 VA Transformer
Electrical Junction Box
Plug-in Circulator Relay
Spill Switch
Rollout Thermal Fuse Element
High-Limit Temperature Control
Circulator (Taco 007 or B&G SLC-30)
30 PSI ASME Relief Valve (boiler sections tested for 50 PSI working pressure)
Combination Pressure-Temperature Gauge
Drain Valve

HIGH EFFICIENCY MODEL – SPD
Constant Burning, Thermally Supervised Pilot System
Thermocouple

HIGHEST EFFICIENCY MODEL – PID
Intermittent Electronic Ignition Pilot System

ADDITIONAL EQUIPMENT

Taco 110 Circulator
B&G 100 Circulator
Grundfos UP15-42FR
Gas Conversion Kits
Fill-Trol System (compression tank, fill and check valve, automatic air vent and fittings) – #109 Sizes 25 thru 5; #110 Sizes 6 thru 8 – shipped in separate carton

In the interest of continual improvement in products and performance, Weil-McLain reserves the right to change specifications without notice.

WEIL-McLAIN Michigan City, Indiana 46360-2388

A Division of The Marley Company

In Canada: Marley Canadian, Inc., 126 East Dr., Brampton, Ontario L6T 1C2

Form No. C-553R17(593)

Litho in U.S.A.

Township of Brick

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

8-18-93 Called

Office of
Division of Inspections

8-13-93 CALLED DT.

CHECK LIST

South Dr.

Re: Block 944 Lot 47

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative _____
Zoning _____
Engineering 3.50
Building Elevations TO Hydro Static openings
Plumbing _____
Electric _____
Fire Refer to Letter of Insurance

See attached review check list (s) for details as to the reason ~~your submission~~ has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date 8-11-93

Property Address 850 South Dr. Block 944 Lot 47

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	4	( ) 12	( )
2. Lavatory	9	( ) 9	( )
3. Bath Tub	3	( ) 6	( )
4. Shower Stall	2	( ) 4	( )
5. Kitchen Sink	2	( ) 4	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	( ) 1*	( )
9. Washing Machine	1	( ) 3	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 39

Gallons per minute 24

Size of Service 1 1/4"

Date: 8-11-93

Approved: _____
Brick Township Plumbing Inspector

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No 3067
Expires May 31

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION

BUILDING OWNER'S NAME: James Peters

FOR INSURANCE COMPANY USE

POLICY NUMBER:

STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER: 850 South Drive

COMPANY NAIC NUMBER:

OTHER DESCRIPTION (Lot and Block Numbers, etc.): Lot 47 Block 944

CITY: Brick Township

STATE: NJ

ZIP CODE: 08724

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
345285	0005	C	3/1/84	A5	7'

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): ☒ NGVD '29 ☐ Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: _____ feet NGVD (or other FIRM datum–see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 8.

2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of 8.2 feet NGVD (or other FIRM datum–see Section B, Item 7).

(b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of _____ feet NGVD (or other FIRM datum–see Section B, Item 7).

(c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is _____ feet above ☐ or below ☐ (check one) the highest grade adjacent to the building.

(d). FIRM Zone AO. The floor used as the reference level from the selected diagram is _____ feet above ☐ or below ☐ (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown

3. Indicate the elevation datum system used in determining the above reference level elevations: ☒ NGVD '29 ☐ Other (describe under Comments on Page 2). *(NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)*

4. Elevation reference mark used appears on FIRM: ☐ Yes ☐ No (See Instructions on Page 4)

5. The reference level elevation is based on: ☒ actual construction ☐ construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)

6. The elevation of the lowest grade immediately adjacent to the building is: 5.0 feet NGVD (or other FIRM datum-see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: _____ feet NGVD (or other FIRM datum–see Section B, Item 7).
2. Date of the start of construction or substantial improvement 8-6-93.

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1–A30, AE, AH, A (with BFE), V1–V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

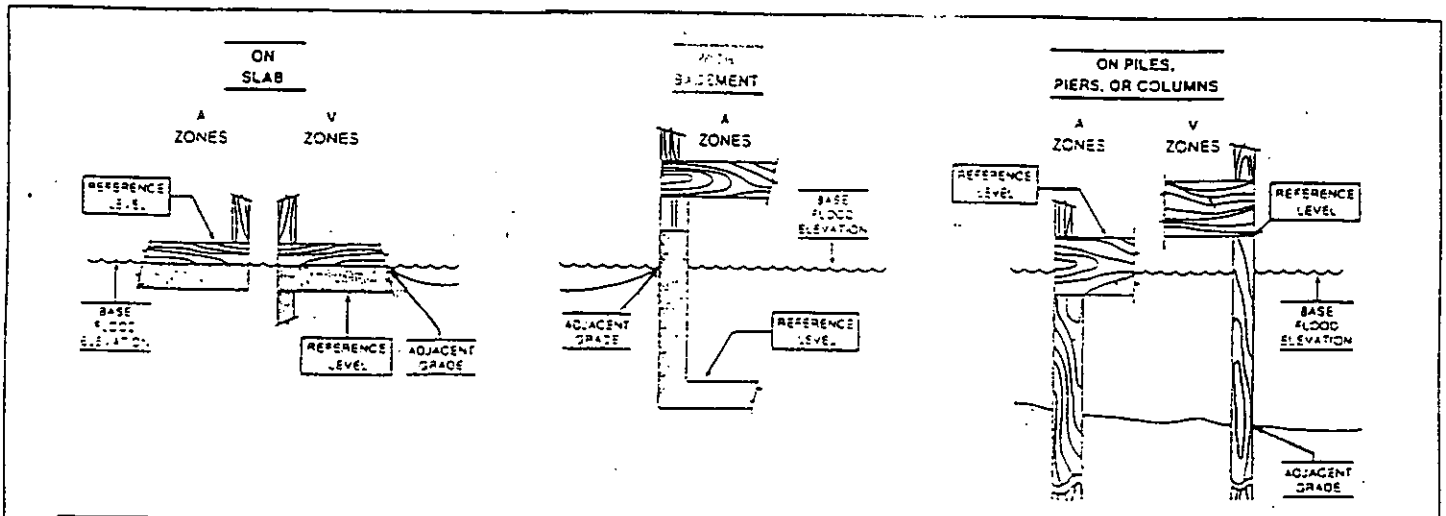
Reference level diagrams 6, 7 and 8 - Distinguishing Features–If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME	LICENSE NUMBER (or Affix Seal)		
Elbert Morris	8509		
TITLE	COMPANY NAME		
Land Surveyor	Morris & Glascow, Inc.		
ADDRESS		STATE	ZIP
1119 Arnold Avenue	Point Pleasant	NJ	08742
SIGNATURE	DATE	PHONE	
Elbert Morris	4/11/94	908-899-0965	

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.

Elevations for all A Zones should be measured at the top of the reference level floor.

Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

INSPECTOR: K Shafer

DATE: 6/21/24

JOB: —

SECTION: Princeton Arc

TYPE OF WORK: Final Eng

WEATHER: Rainy

LOCATION: 850 South Dr

TEMPERATURE: 70°'s

BLOCK: 944 LOT: 47

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
CN 805
Trenton, NJ 08625-0805

Department Of Community Affairs

Certificate of Participation

in the New Home Warranty Security Fund

Owner ☐ Check if for Common Elements*

1 Jim & MARY PETERS

Name of Owner who will be first resident. *When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

Registered Builder-Warrantor**

2 JACK H. Taylor

Name

831 South Dr.

Street and Number (Mailing Address)

Brick N.J. 08723

City State Zip Code

Phone Number (908) 892-0687

NJ Builder Registration Number 003533

Print Builder Name Jack H. Taylor, Builder

Jack H. Taylor

Registered Builder's Signature

***Where title is transferred, the seller must be the registered builder and warrantor.*

New Dwelling Location

3 850 South Dr.

Street Name and Number

Building Number Unit Number Total Number of Units in Building

City Brick NJ Zip Code 08723

Block Number 944 Lot Number 47

Municipality Brick Town County OCEAN

1506

Commencement Date of Warranty

4 Commencement Date*** 6 15 94

Month Day Year

****The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.*

Premium Payment

5 a.

Selling Price***** $ 484,188

Amount of Premium $ _____

(Rate _____ x Selling Price)

*****Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable. A premium payment is not required if this certificate is for common elements in a condominium development.*

b.

☒ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:

For Office Use Only

Total Contract Price $484,188 $484,188.00

Amount of Premium $ .003

(1.25 x Total Contract Price x Rate $1815.70

FHA Mortgage

6 ☐ Check if FHA Mortgage

FHA Case Number ☐☐☐–☐☐☐☐☐☐

☐ Check if VA Mortgage

VA Case Number _____

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8 ☒ Single family detached (101)
☐ Townhouse (102)
☐ Two Family (103)
☐ Side by Side
☐ Top/Bottom
☐ Condominium - *three or four units in each building* (104)
☐ Condominium - *five or more units in each building* (105)

Construction Type (check one)

9 ☐ Premanufactured (industrial or modular) (M)
☒ Conventional Construction (C)

Stories

10 Number of stories 2

Owner Type (check one)

11 ☐ Condominium or Cooperative (C)
☐ Homeowners' Association - fee simple (H)
☒ No Homeowners' Association - fee simple (N)

PRED

12 PRED Registration or Exemption Number (R or E)

_____

Note: See reverse side for assignment of property.

Note to Owner:
Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Booklet with this certificate. If you did not receive it, write to the above address.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, NJSA 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years.

CERTIFICATE NUMBER

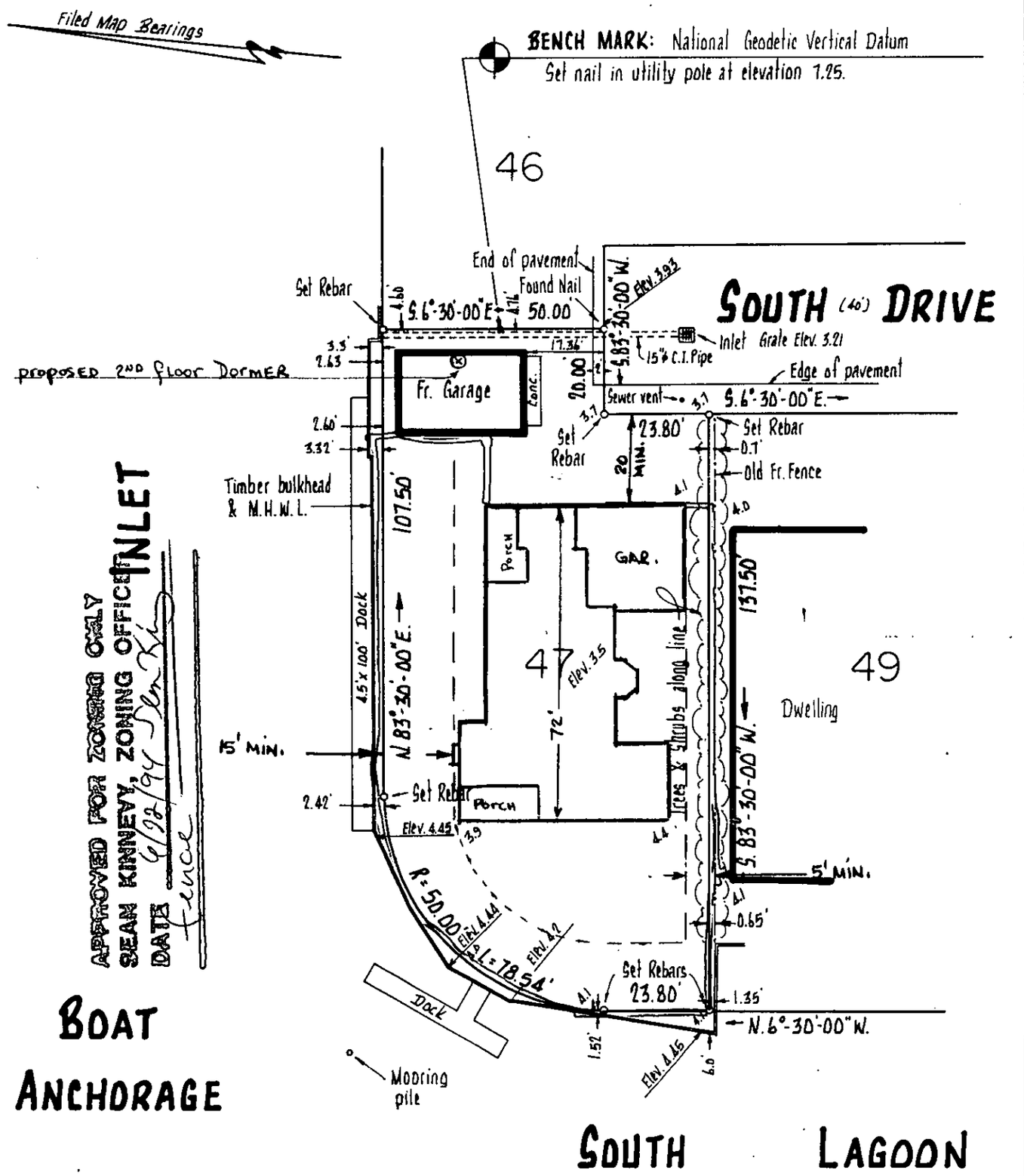
VALIDATION STAMP

107406 MAY 24 94

WARRANTY NUMBER

7685c rev.7/93

MUNICIPAL COPY



NOTE: F.I.R.M. ZONE A-5 , BASE FLOOD ELEVATION 7.0

NOTE: ALL COPIES VOID WITHOUT EMBOSSED SEAL ON SIGNATURE.

DESCRIPTION:

LOT 47, BLOCK 944, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY.
SURVEYED AS PER DEED BOOK 4685, PAGE 712.

CERTIFIED TO:

JAMES PETERS & MARY LELA B. PETERS
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
MICHAEL D. LANDIS, ESQ.

Est. 1945

GEORGE W. HENN, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
PROFESSIONAL PLANNERS
435 MANTOLOKING ROAD
BRICK TOWN, N. J. 08723
908-477-6500

I CERTIFY THE ABOVE SURVEY AND FIND CONDITIONS AS SHOWN. THIS CERTIFICATION IS MADE ONLY TO HEREON NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF ABOVE PREMISES BY HEREON NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING BUT NOT LIMITED TO SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON.

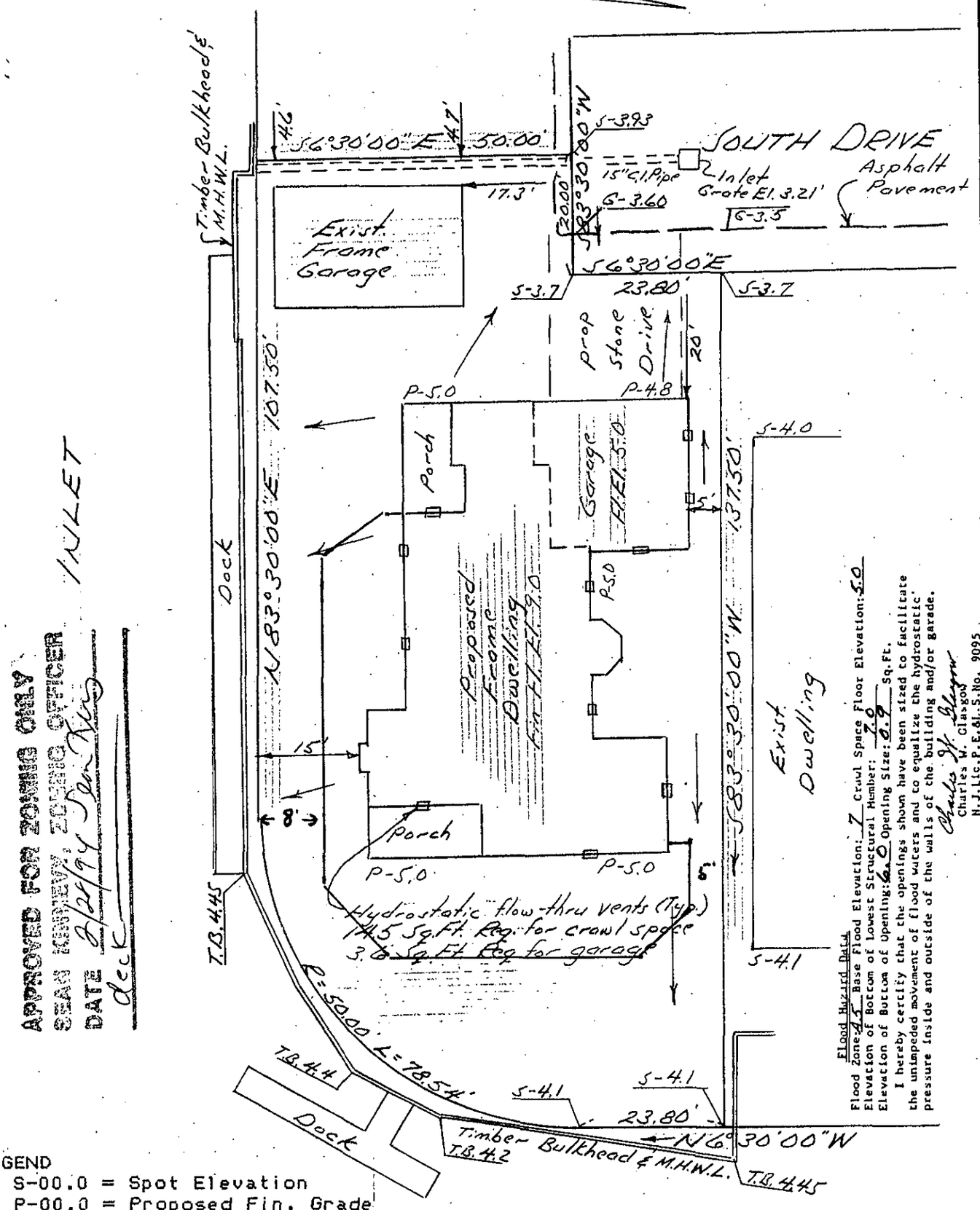
Walter Scharfenberg

WALTER SCHARFENBERG L. S. 14159 P. P. 385

FILE: 93-57	DATE: FEB. 20, 1993	SCALE: 1" = 30'	CHECKED: J.E.B.

Being Lot 47 Block 944 on the Brick Township Tax Map.

Filed Map



APPROVED FOR ZONING ONLY
SEAN MCNEELY, ZONING OFFICER
DATE 8/24/93, See Key
Deck

Flood Hazard Data
Flood Zone A5 Base Flood Elevation: 7 Crawl Space Floor Elevation: 5.0
Elevation of Bottom of Lowest Structural Number: 7.0
Elevation of Bottom of Opening: 6.0 Opening Size: 8.9 Sq.Ft.

I hereby certify that the openings shown have been sized to facilitate the unimpeded movement of flood waters and to equalize the hydrostatic pressure inside and outside of the walls of the building and/or garage.

Charles W. Glasgow
Charles W. Glasgow
N.J.Lic.P.E.&L.S.No. 9095

LEGEND
S-00.0 = Spot Elevation
P-00.0 = Proposed Fin. Grade
T.C.-00.0 = Top of Curb Grade
G.-00.0 = Gutter Grade
→ = Direction of Runoff
Elevations refer to N.G.V.D.

PREMISES SURVEYED FOR

JAMES PETERS

BRICK TOWNSHIP, OCEAN COUNTY, N.J.

SURVEYED July 22, 1993 **SCALE 1" = 20'**

Elbert Morris, Pres.

Elbert Morris
Lic. L.S. No. 8509

MORRIS & GLASGOW, INC.
ENGINEERING AND SURVEYING
1119 ARNOLD AVENUE
POINT PLEASANT BORO, N.J.

Charles W. Glasgow
Lic. P.E. & L.S. No. 9095

MAP No. 2-2705

BOOK 93-181