BLOCK 1421.08 LOT 4.08 QUALIFICATION CODE _____ ADDRESS (SITE) 720 MAIDENSTONE DR. PERMIT NO. 10-09

CONSTRUCTION PERMIT APPLICATION C10-001074

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 720 MAIDENSTONE DR. BRICK 08724
2. Name of Owner in Fee: VALERAE HURLEY
   Tel. [redacted] e-mail [redacted]
   Address 720 MAIDENSTONE DR. (street) BRICK (municipality) 08724 (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 _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun VALERAE + William HURLEY
   Tel. [redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	370	
2. Electrical		185	
3. Plumbing		185	80
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$	90	
8. Subtotal	$		
9. State Permit Surcharge Fee			13
10. Subtotal	$		
11. Cert. of Occupancy		160	
12. Other			
13. TOTAL	$	593	81

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 _____

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☑ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building		KB	4/15/10	4/27/10	5/14/10	KW			
☑ Electrical					4/29/10	JP			
☑ Plumbing					4-29-10	[illegible]	05-21-12 PM		
☑ Fire Protection					5/6/10	[illegible]			
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

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 *(primary use)*

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

C. MIXED USE -List secondary use(s):

III. PLAN REVIEW (optional)

DO YOU WANT:

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

Called 5/21/10

7945

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/12/2012
Control Number C-10-001074
Permit Number 10-0988
Permit Issue Date 5/4/2010
Certificate Number 10-0988

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 720 MAIDENSTONE DRIVE Brick Township, NJ Block: 1421.08 Lot: 4.08 Qual:

Owner in Fee: HURLEY, VALERAE M

Owner Address: 720 MAIDENSTONE DR BRICK NJ 08724

Telephone: [redacted]

Contractor HURLEY, VALERAE M

Address 720 MAIDENSTONE DR BRICK NJ 08724

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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: FINISH BASEMENT FINISH BASEMENT

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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/12/2012 U.C.C. F260 (rev. 08/05)

Receipt

Payment Date 2/28/2011

Transaction # PMT-11-00931

Receipt #

Issued To jacket

Description
Final fee paid
H/O Hurley
B 1421.08 L 4.08
720 Maidenstone Dr.

Date Printed 2/28/2011

Check Number 1966

Cash	$0.00
Check	$307.83
Charge	$0.00
Total Paid	$307.83

10-0988

PLUMBING SUBCODE
TECHNICAL SECTION

P

Date Received
Control #

Date Issued
Permit #

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

Block 1421.08 Lot 4.08 Qualification Code
Work Site Location 720 Maiden Stone Dr

Owner in Fee VALERAE M. HURLEY
Address 720 Madian Stone Dr
Brick NJ 08724
Tel [redacted]

Contractor Michael P DiRosa P&H
Address 418 crestview terr
Brick NJ 08723
Tel (732) 477-7785 FAX (732) 451-0505
Contractor License No [redacted]
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 5900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 4-29-10
Approved by: WDeW

SUBCODE APPROVAL
[ ] CO [ ] COO [X] CA
Date: 5-29-12
Approved by: 2

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			05/21/10	PA
Rough			05/21/10	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Permit	5/15/12		5/25/12	MP

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 Plumbing Contractor [ ] Exempt Applicant

10023

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
—	Urinal/Bidet	
—	Bath Tub	
1	Lavatory	
—	Shower	
—	Floor Drain	
1	Sink	
1	Dishwasher	
—	Drinking Fountain	
—	Washing Machine	
—	Hose Bibb	
—	Water Heater	
—	Fuel Oil Piping	
—	Gas Piping	
—	LPGas Tank	
—	Steam Boiler	
—	Hot Water Boiler	
1	Sewer Pump	
—	Interceptor/Separator	
1	Backflow Preventer	
—	Greasetrap	
—	Sewer Connection	
—	Water Service Connection	
—	Stacks	
1	Other Ice Maker	
—	Other	

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

1" water testing

UPDATE 1-toilet 1-sink 1-sewer pump

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.ix:

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 Valerae Hurley Date March 21, 2010

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.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

Sally Ilee

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05-21-10
Control #

Date Issued 10-0988-17
Permit #

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

Block 1421.08 Lot 4.08 Qualification Code

Work Site Location 720 MAIDENSTONE DR. BRICK NJ 08724

Owner in Fee: VALERAE ILIRLEY

Tel. [redacted] e-mail [redacted]

Address 720 Maidenstone Dr. (street) BRICK, NJ (municipality) 08724 (zip code)

Contractor: Howard A. Schleichs Sr. Tel. (732) 718-5890

Address 2215 Hadley Ct Wall, NJ e-mail

Contractor License No. 6481 Exp. Date 3-12

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Dwelling Utility Co.

Est. Cost of Elec. Work $ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved Date: Approved by:

[✓] Electric Plans Approved Date: 4-29-10 Approved by: DT

Joint Plan Review Required: [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT Date: 4-29-10 Approved by: DT

SUBCODE APPROVAL for CERTIFICATE [ ] CO [ ] CCO [ ] CA Date: 1-18-11 Approved by: D Dane

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough			6-8-10	DD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	12-2-10			
Barrier-Free	DD		1-14-11	DD

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.

Howard A. Schleichs Sr.
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Lights, outlets, switches in basement w/ subpanel

CP-10107-17

QTY.	SIZE	ITEMS
~~68~~		Lighting Fixtures
~~45~~		Receptacles
~~37~~		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
4		Communications Points
		Alarm Devices/F.A.C. Panel
		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
1	1	KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
1	1	HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
1	60	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1		REFRIDGE/WINE COOLER

FEE (Office Use Only)

$

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 05-21-10
Control #

Date Issued
Permit # C10 00107442

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

Block 1421.08 Lot 4.08 Qualification Code

Work Site Location 720 MAIDENSTONE DR. BRICK, NJ 08724

Owner in Fee: VALERAS HURLEY

Tel [redacted] e-mail [redacted]

Address 720 MAIDENSTONE DR. (street) BRICK, NJ (municipality) 08724 (zip code)

Contractor: [illegible] Tel. ( )

Address e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ X

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 5-29-10

Approved by: [illegible]

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 6-4-10

Approved by: [illegible]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			6/11	[illegible]
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6-17	[illegible]
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. [illegible]
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: finishing basement - No bedrooms permitted.

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)		
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		45 -
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

PLUMBING SUBCODE
TECHNICAL SECTION

update

Date Received 5/24/12
Control #
Date Issued
Permit # 10-0988+B

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

Block 1421.08 Lot 4.08 Qualification Code

Work Site Location 720 Madison Stone Ct Brick

Owner in Fee: Val Hurley

Tel. ( ) e-mail

Address 720 Madison Stone Ct Brick 08724

Contractor: (street) Michael P DiRosa (municipality) Polt Tel. (732) (zip code) 477-7785

Address 418 crestview terr e-mail
Brick NJ 08723

Contractor License No. 10023 Exp. Date 6/30/13

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

Federal Emp. ID No. [redacted] FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ 600.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Mike P DiRosa

Print name here: Mike P DiRosa

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Update: Additional Pump installed For kitchen sink

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date 05.24.12 Approved by: PA

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-22-12

Approved by: a

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 5-29-12

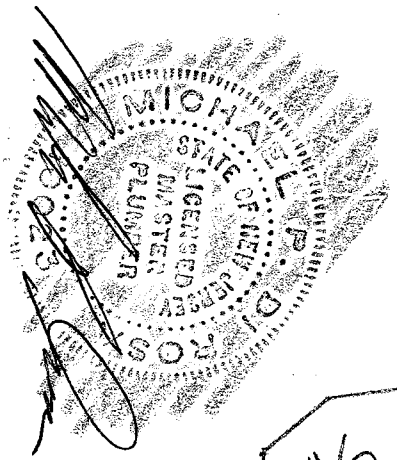
Approved by: a

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			05.07.10	PA
Rough			05.07.10	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5/25/12	MD

Michael P. DiRosa
Plumbing & Heating
732-477-7785

Scope: Complete existing "Future Bathroom" Plumbing.
Add New ½ bath & Sink.
Install & complete pump & venting.

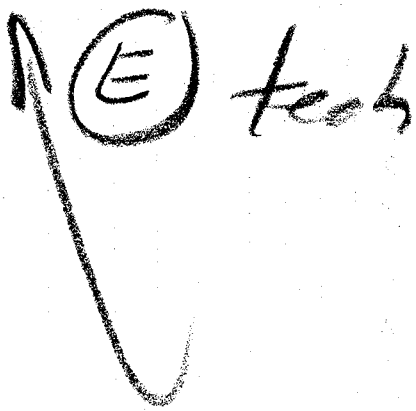
existing vents



TOWNSHIP OF BRICK

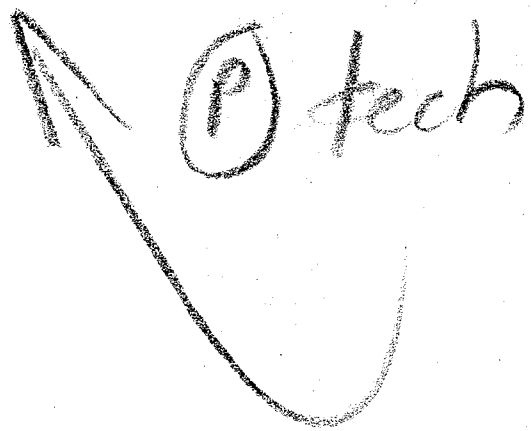
RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode	(a) DRW	4-29-10
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		

NEED AFCI FOR BASEMENT



5/15/12 mB

@ - FINAL PASSING PENDING UPDATES



720 Maidenstone Dr.
Brick 08824

Valuer
Hurley
(6

First Floor

Washer
Kitchen sink + bar sink
Ice Maker
Toilet + sink

Second Floor

Shower + 2 sinks
Tub/shower + 1 sink

Outside

2 water Bibs
1 sink

Basement

Bathroom setup included in new construction - passed C.O. in 2008 Oct.

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 05-21-10
Control # 10-0988.1A
Date Issued
Permit # C10-0010741A

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

Block 1421.08 Lot 4.08 Qualification Code

Work Site Location 720 MAIDENSTONE DR. BRICK, NJ 08724

Owner in Fee: VALERAE HURLEY

Tel. [redacted] e-mail [redacted]

Address 720 MAIDENSTONE DR. BRICK, NJ 08724
street municipality zip code

Contractor: Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/14/10	W
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other	5/19/10	

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 1/20/11
Approved by: KA

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame + Insul			6/15/10	W
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			1/18/11	W
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories

Height of Structure Ft.

Area — Largest Floor Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ X 15,500.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature Valerae Hurley

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

finishing basement
BUILDING APPROX. 320 LINEAR FT OF WALL.
BASE FRAMING WALLS ~~DEPTH~~ ON FLOOR WITH PRESSURE TREATED WOOD (BASE WALLS). FRAMING WITH 2"x 4" CEDAR WOOD, INSULATED WITH R-13 SOUND THE WALLS. DRYWALL FINISHED FIRE INSULATION ON CEILING UNDER SUSPENDED CEILING PANELS.

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$

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

PERMIT UPDATE

Date Update Issued 5/24/12
Control # C-12-001817
Permit # 10-0988+B

IDENTIFICATION Block: 1421.08 Lot: 4.08 Qualifier
Work Site Location: 720 MAIDENSTONE DRIVE Brick Township, NJ
Owner in Fee HURLEY, VALERAE M
720 MAIDENSTONE DR BRICK NJ 08724
Telephone: [redacted]

Contractor HURLEY, VALERAE M
Address 720 MAIDENSTONE DR BRICK NJ 08724
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
PLUMBING ALTERATIONS

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 $600

Construction Official

5-23-12
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$80
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$81
Check No.	2034
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:

☑ 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.

RECEIVING CLERK KB
DATE REC'D 4/15/10

ZONING PERMIT APPLICATION

PERMIT # ZP 10-0020
DATE ISSUED 05-21-10

BLOCK: 1421.08 LOT: 4.08 QUALIFIER: _____ SITE ADDRESS: 720 MAIDENSTONE DR. BRICK OFFICE

IDENTIFICATION:

1. NAME OF OWNER IN FEE: VALARIE HURLEY
COMPLETE ADDRESS: 720 MAIDENSTONE DR BRICK NJ 08724
PHONE [redacted] MAIL: [redacted]

2. NAME OF APPLICANT: VALARIE HURLEY
APPLICANT ADDRESS: 720 MAIDENSTONE DR
PHONE # [redacted] EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: VALARIE HURLEY
PHONE: [redacted]

4. SIGNATURE OF APPLICANT: Valarie Hurley

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: ✓
COMMERCIAL: _____
EXISTING USE: Single Family
PROPOSED USE Single Family

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: Basement *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: FINISHING BASEMENT

ZONING REVIEW:
DATE REVIEWED: 4-19-10 DATE DENIED: _____ DATE APPROVED: 4-19-10 INTLS: SEE

(SEE BACK PAGE)

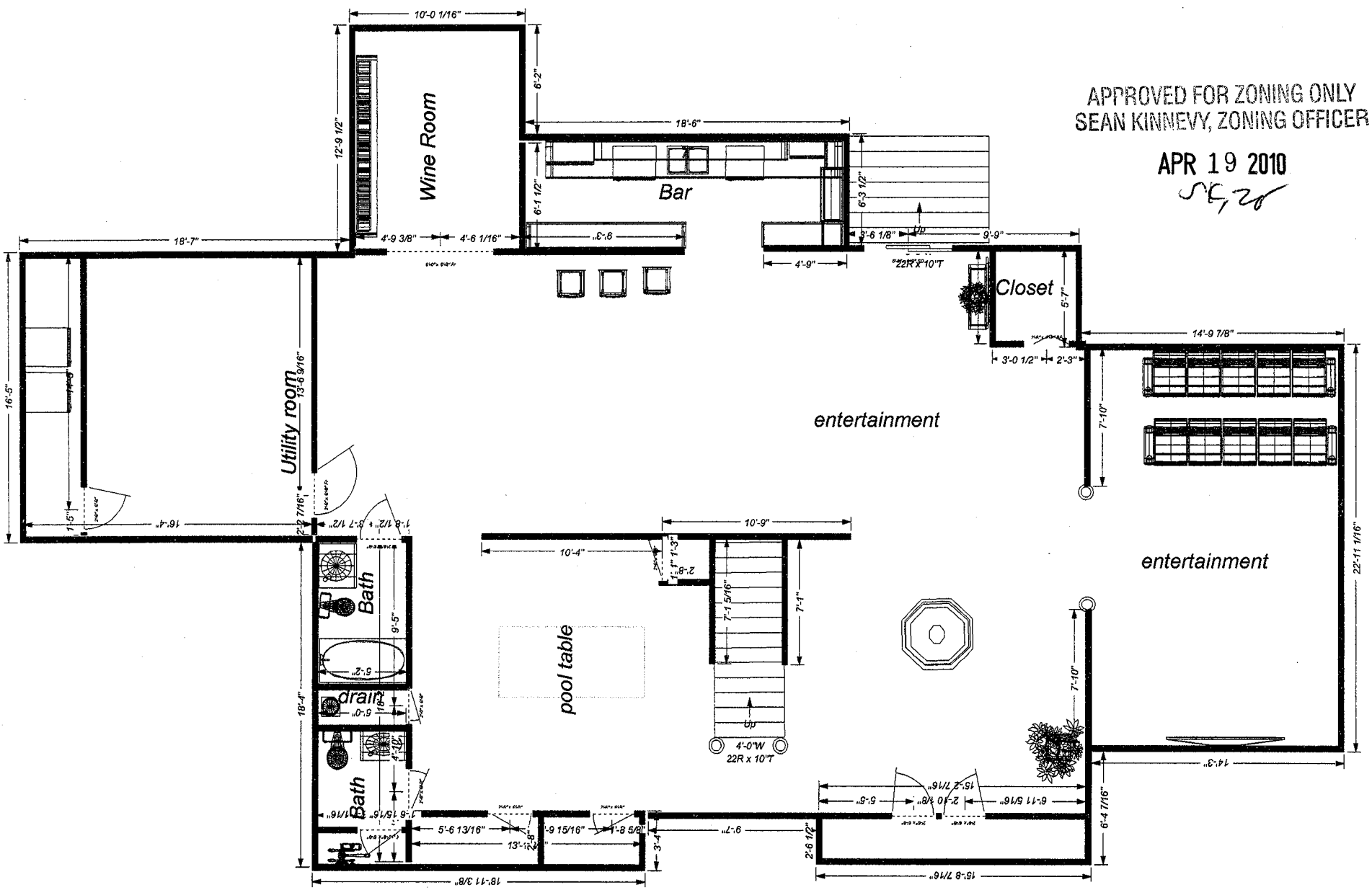
OFFICE USE ONLY

RECEIVED
APR 16 2010
SEZ

ZONING REVIEW:

DATE REVIEWED: 4-19-10 DATE DENIED: — DATE APPROVED: 4-19-10 INTLS: SEZ

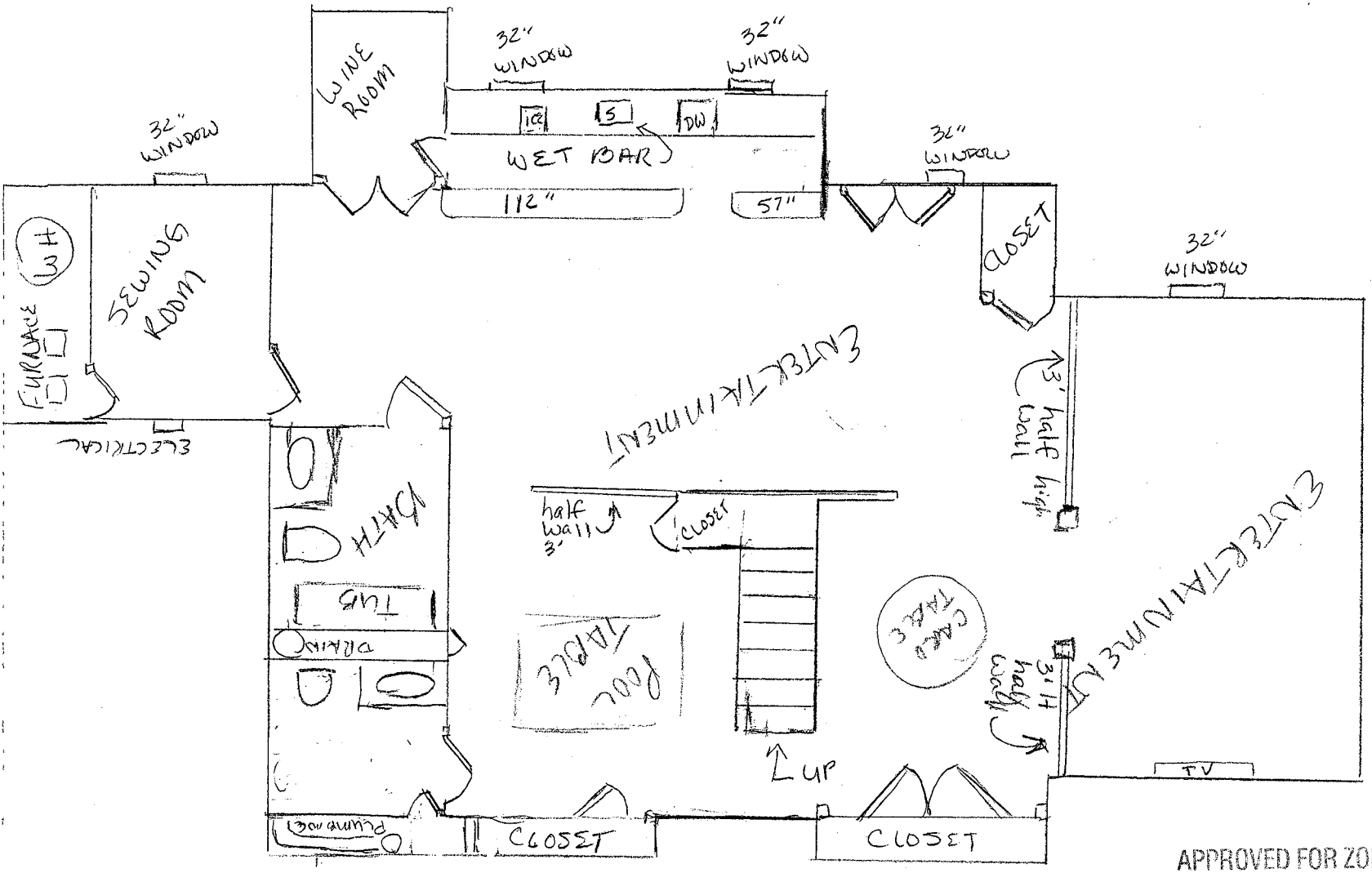
DATE:	COMMENTS:	INITIALS:



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

APR 19 2010

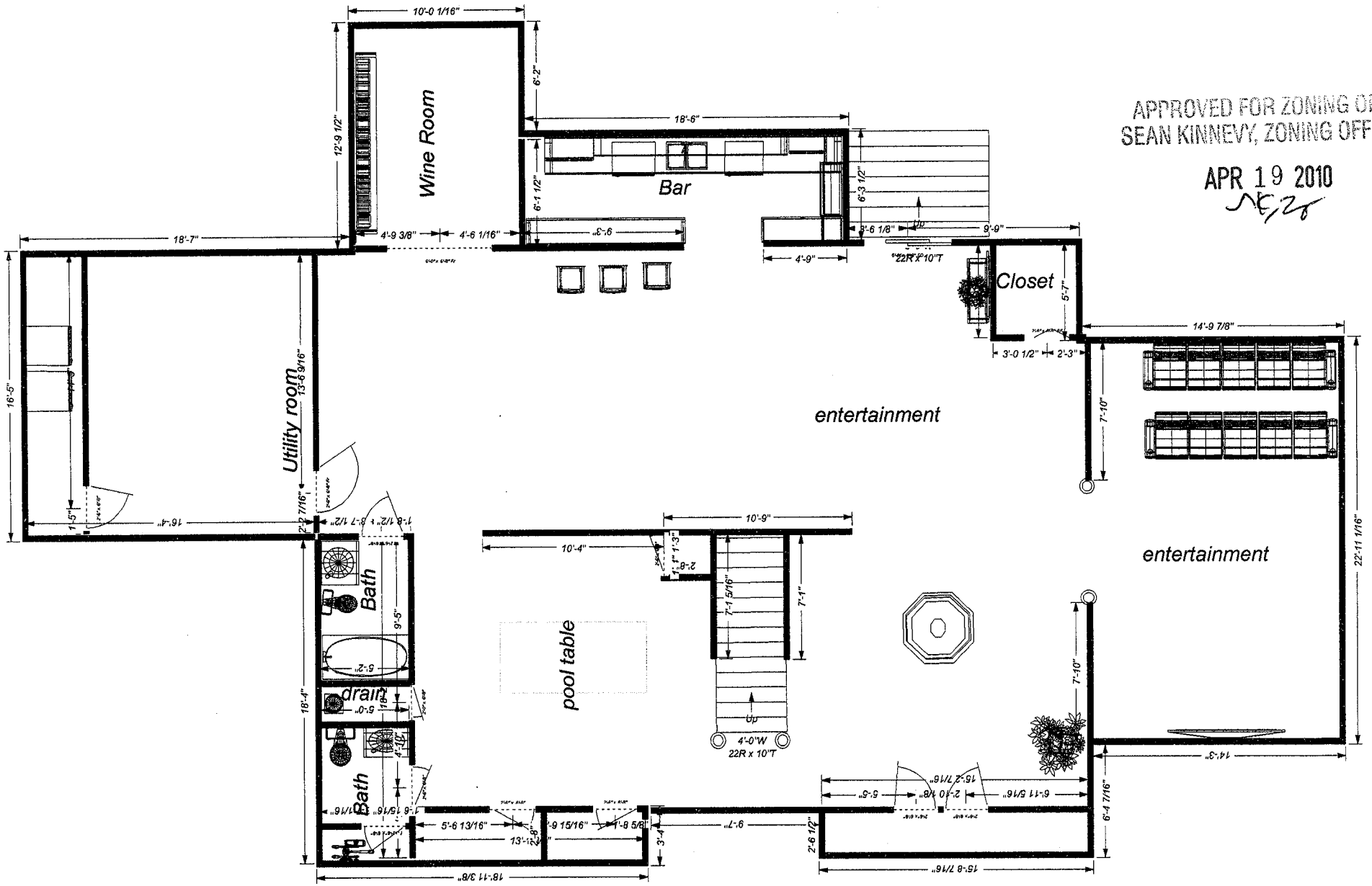
SK, ZO



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

APR 19 2010

5&20



APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER

APR 19 2010

Receipt

Payment Date 05/21/2010

Transaction # PMT-10-02430

Receipt # ZP10-00270

05-21-10

Issued To 720 MAIDENSTONE

Description

Date Printed 05/21/2010

Check Number 1925

Cash	$0.00
Check	$50.00
Charge	$0.00
Total Paid	$50.00

05/21/10 2:29PM 00155BME137
XX09 SERV.009

#1000270
ZPA $50.00
XXXTOTAL $50.00
CHECK $50.00
CHANGE $0.00

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-10-00260
Application Date: 04/19/2010
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **720 MAIDENSTONE DR BRICK, NJ 08724**

Block: **1421.08**
Lot: **4.08**
Qualifier:
Zone: **R-20**

Owner: **HURLEY, VALERAE M**
Address: **720 MAIDENSTONE DR BRICK, NJ 08724**

Applicant: **HURLEY, VALERAE M**
Address: **720 MAIDENSTONE DR BRICK, NJ 08724**

Application Approved Date: 04/19/2010

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential
Nonconforming Use is:

Work Description:

Rehabilitation - Alteration of the basement area to create a bathroom, a sewing room, a wine room, and recreation rooms.

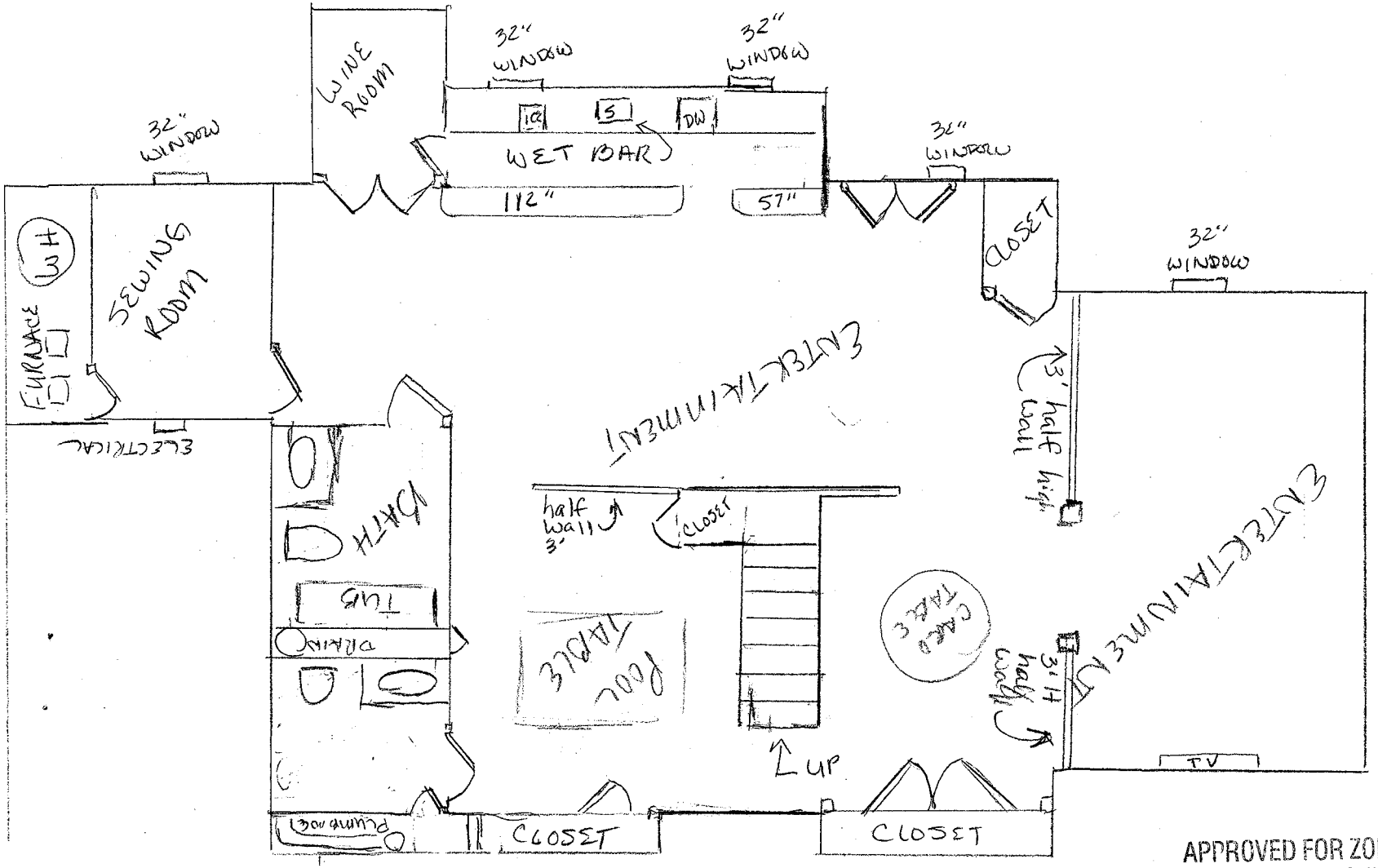
No bedroom or kitchen is permitted in the basement.
An additional zoning permit is required for any additional work.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — 04/19/2010 Date

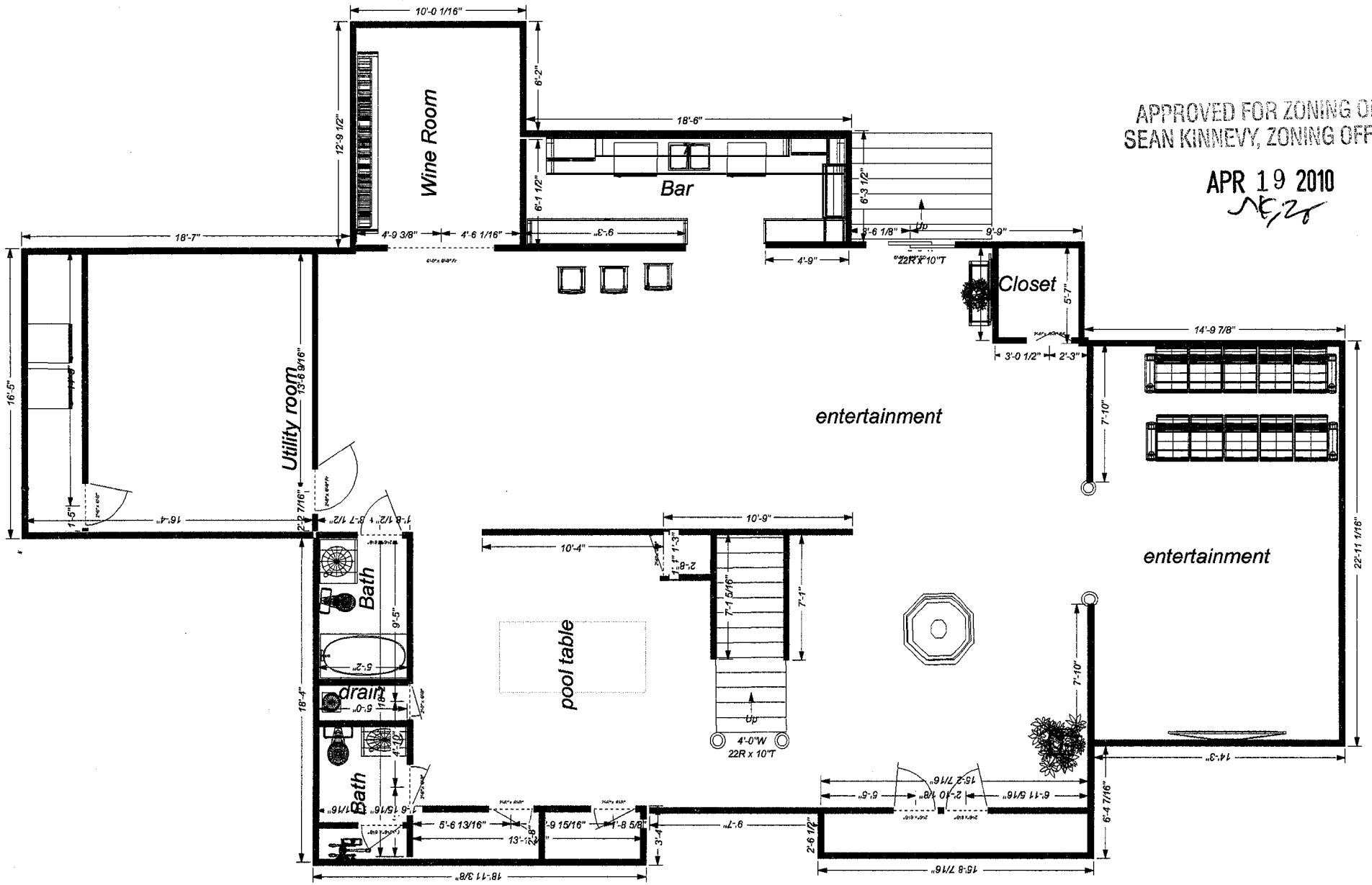
Michael P. Fowler, Township Planner — **Date**



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

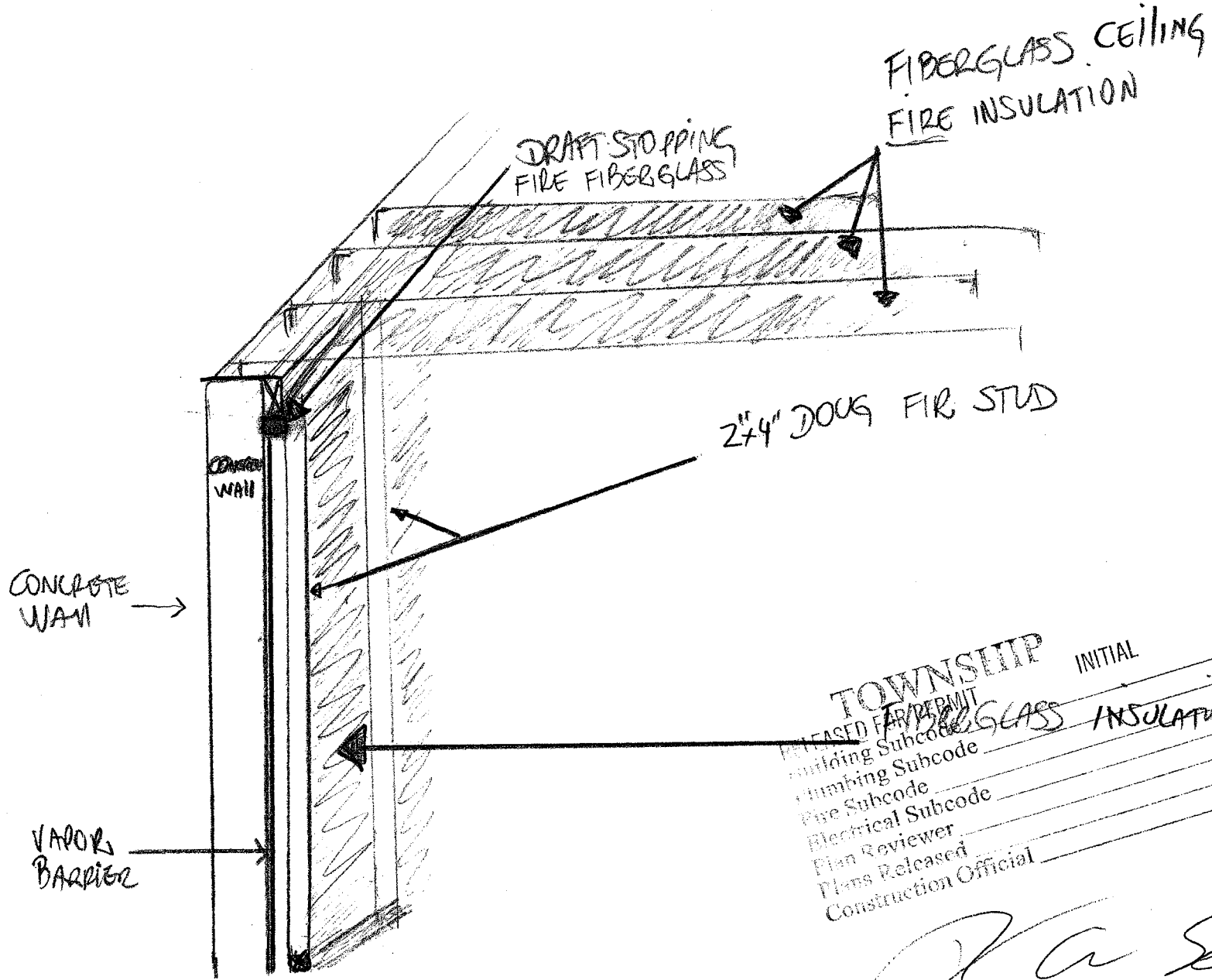
APR 19 2010

Valerie Farley



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

APR 19 2010



TOWNSHIP
RELEASED FOR PERMIT

	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		

FIBERGLASS INSULATION R-13

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1421.08 Lot 4.08 Qualification Code
Work Site Location 720 Maiden Stone Dr
Owner in Fee VALERAE M. HURLEY
Address 720 Madian Stone Dr
Brick NJ 08724
Tel [redacted]
Contractor Michael P DiRosa P&H
Address 418 crestview terr
Brick NJ 08723
Tel (732) 477-7785 FAX (732) 451-0505
Contractor License No. 10023
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 5900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 4-29-10
Approved by: WDW

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

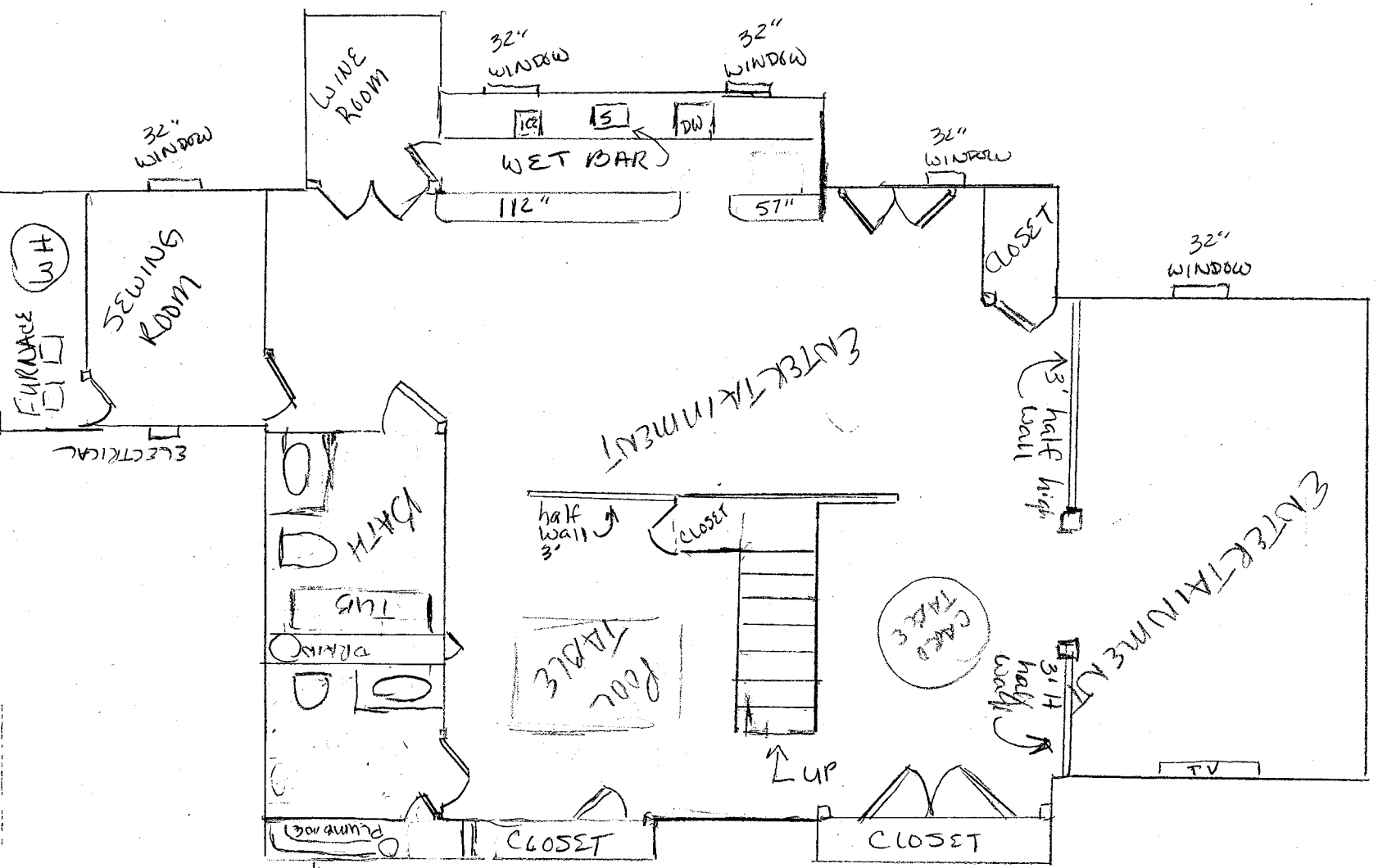
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Ice MAKer	
	Other	

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

1" WATER METERING



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

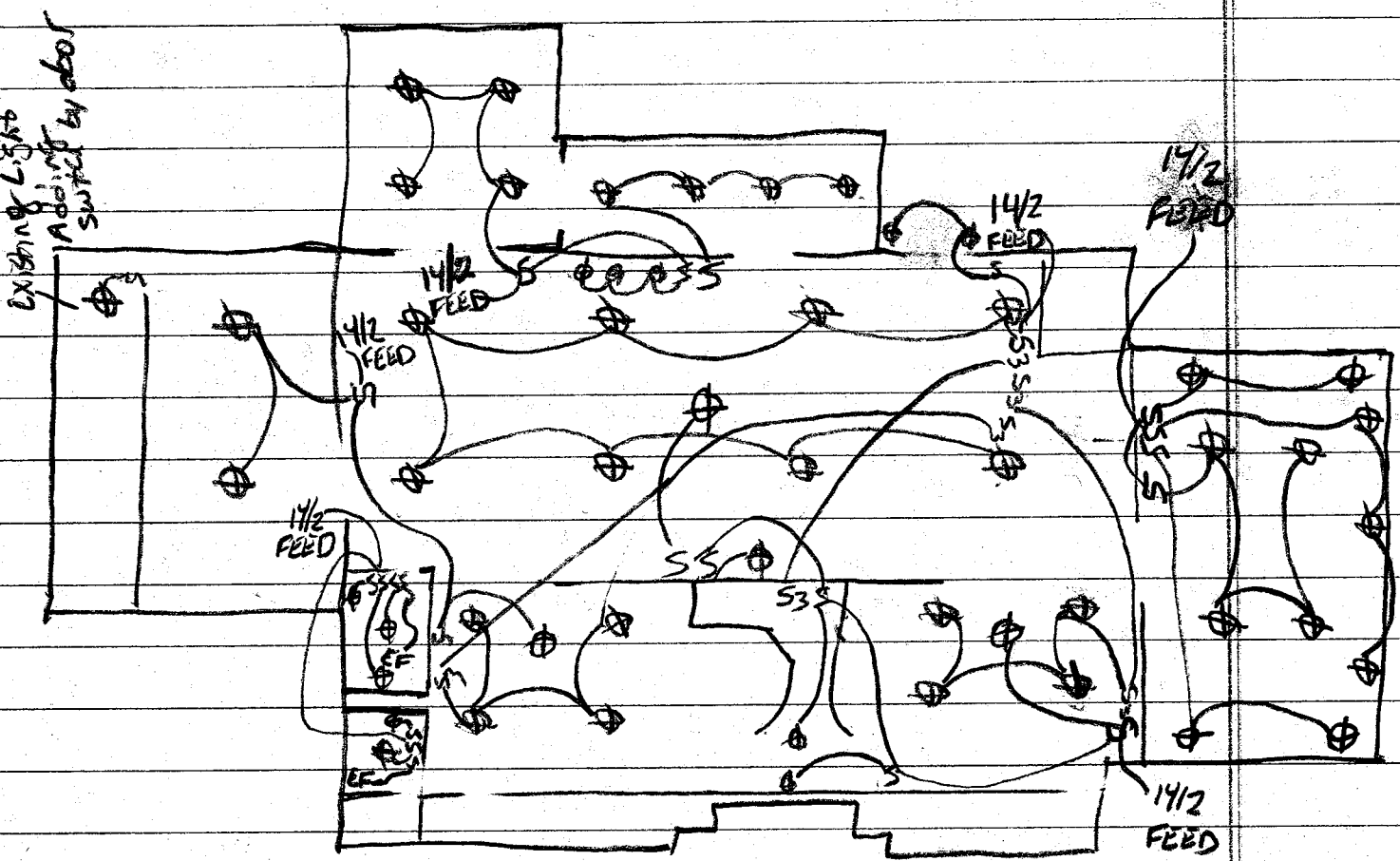
APR 19 2010

Valerie Harley

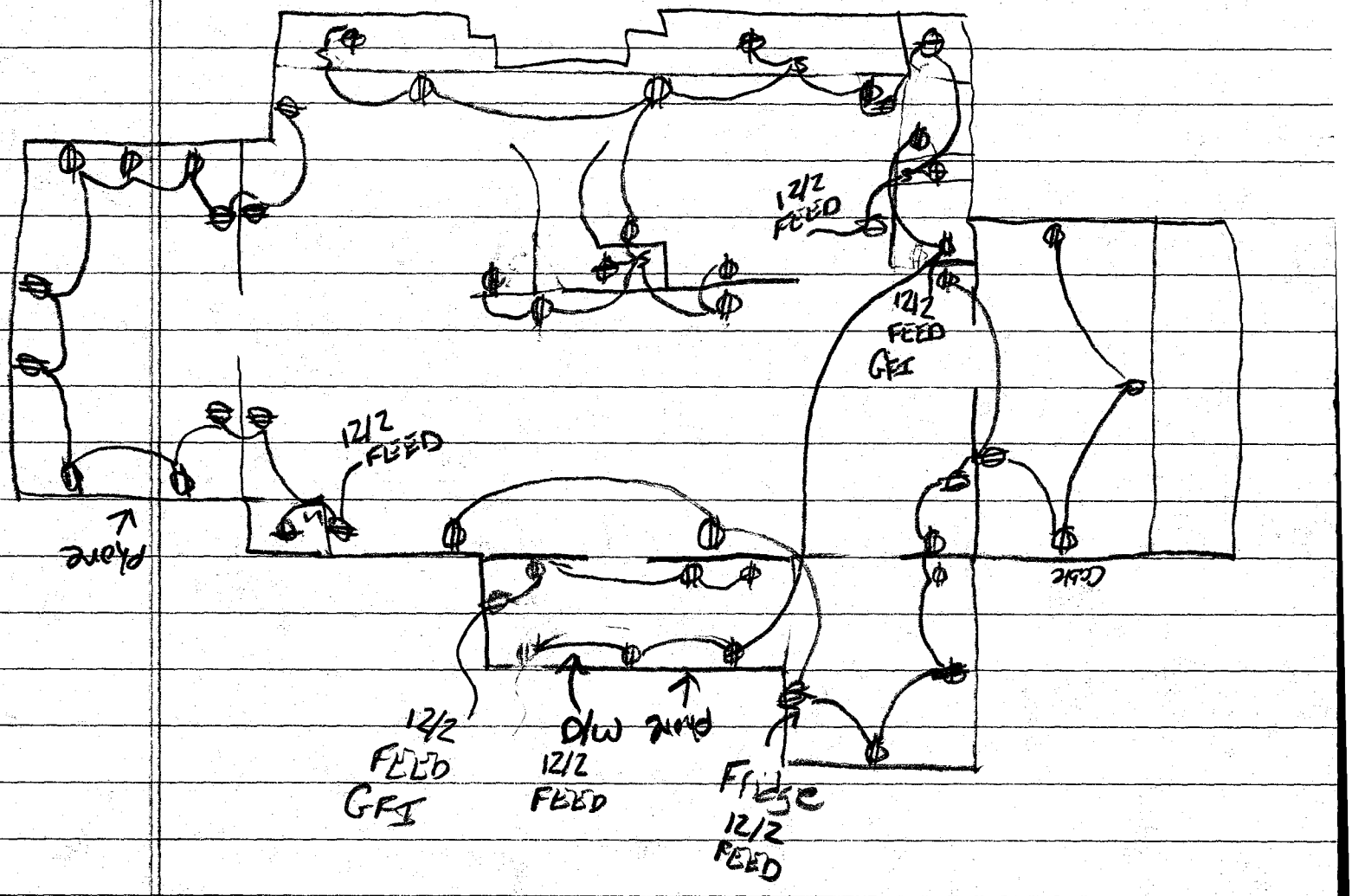
Lighting

6 - S3 Switch
25 - Switch

33 - High Hat
9 - Eye Ball
3 - Hanging Fixture
3 - Pendant
2 - Outside wall Fixture
2 - Bath Fixture



45 outlets
6 Closet Lamps w/
6 switch



10-0988A

PERMIT UPDATE

Date Update Issued
Control # C-10-001074+A
Permit # +A
~~05-21-10~~
05-21-10

IDENTIFICATION Block: 1421.08 Lot: 4.08 Qualifier

Work Site Location: 720 MAIDENSTONE DRIVE Brick Township, NJ

Owner in Fee: HURLEY, VALERAE M
720 MAIDENSTONE DR BRICK NJ 08724

Telephone: [redacted]

Contractor: HURLEY, VALERAE M
Address: 720 MAIDENSTONE DR BRICK NJ 08724
Telephon [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FINISH BASEMENT. SEE TECH FOR FURTHER DETAILS.

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 $18,501

Construction Official

5-21-10
Date

PAYMENTS (Office Use Only)

Building	$372
Electrical	$125
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$31
CO Fee	
Other	$0
Total	$573
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:

☐ 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.

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.ix:

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 Valerie Furlup Date 05-13-2010

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.

Agent Name Manuel Senechia

Address 530 New Jersey ave.
Brick NJ 08724

Telephone (732) 6846285

Signature Manuel Senechia

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

CONSTRUCTION PERMIT

Date Issued 05/04/2010
Control # C-10-001074
Permit # 10-0988

IDENTIFICATION Block: 1421.08 Lot: 4.08 Qualifier
Work Site Location: 720 MAIDENSTONE DRIVE Brick Township, NJ
Contractor HURLEY, VALERAE M
Address 720 MAIDENSTONE DR BRICK NJ 08724
Owner in Fee HURLEY, VALERAE M
720 MAIDENSTONE DR BRICK NJ 08724
Teleph [redacted]
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
FINISH BASEMENT FINISH BASEMENT, SEE TECH FOR FURTHER DETAILS.

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 $5,900

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$140
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$150
Check No.	1924
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

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:

☐ 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.

Receipt

Payment Date	04/23/2010
Transaction #	PMT-10-01709
Receipt #	

Issued To Construction jacket

Description
Prelim fee paid
H/O Hurley
B 1421.08 L 4.08
720 Maidenstone Dr.

Date Printed	04/23/2010	Cash	$0.00
Check Number	1922	Check	$235.17
		Charge	$0.00
		Total Paid	$235.17

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 720 Maidenstone DR.

Block: 1421.08 Lot: 4.08

Contractor: Hurley, William

Contractor's Address: 720 Maidenstone Dr.

Type of Construction (minor, new home): new home

Type of Debris (shingles, siding, wood, etc.): wood, nails, sheetrock

Party responsible for removal: William Hurley

Dumpster size: N/A

Destination of debris: Dump

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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

Valerae Hurley
Signature

April 13, 2010
Date

VALERAE HURLEY
Print Name

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

Subcode Official Review

To: 720 MAIDENSTONE DR BRICK, NJ 08724 CC:

RE: Building Subcode
Block: 1421.08 Lot: 4.08 Qual:
720 MAIDENSTONE DRIVE
Permit Number: Control Number: C-10-001074
Last Submit Date: Tuesday, April 27, 2010

Date: Tuesday, April 27, 2010

Marshalls - 684-6283

04.27.10 called h/o 732-458-3909

Dear HURLEY, VALERAE M,
Your request is hereby denied based upon the following infractions.

Inside of jacket improperly checked off.

2 sets of plans (to scale) required for review

Mechanical equiptment requires 30" clear space at service panels

show bathroom dimensions atr a larger scale. (plans too small to read)

Provide hand rail at stairs

Provide cross section of wall and identify all portions and materials

Provide vapor barrier behind wall or seal masonary wall

Sincerely,

Michael Vecchio, Subcode Official

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

Subcode Official Review

To: 720 MAIDENSTONE DR BRICK, NJ 08724 CC:

RE: Fire Subcode
Block: 1421.08 Lot: 4.08 Qual:
720 MAIDENSTONE DRIVE
Permit Number: Control Number: C-10-001074
Last Submit Date: Friday, April 23, 2010

Date: Wednesday, April 28, 2010

Dear HURLEY, VALERAE M,
Your request is hereby denied based upon the following infractions.

Provide location of smoke detector on plan stating interconnected to other levels.

Need two sets of plans to scale.

Sincerely,

Ron Piszar, Subcode Official

IMPORTANT Prelim 4/23/10 Ltr

A.H.B.T. - MANDATORY FEE - RESIDENTIAL