BLOCK 1421.08 LOT 4.08 QUALIFICATION CODE _____ ADDRESS (SITE) 720 ~~220~~ Maidenstone dr. PERMIT NO. 13-3551 120

G

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-604359

I. IDENTIFICATION

1. Proposed Work Site at: 720 Maidenstone dr, Brick, NJ 08724
2. Name of Owner in Fee: VALERAE M. HURLEY
   Tel. ([redacted] e-mail [redacted]
   Address 720 Maidenstone dr, Brick (street / municipality)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Valerae Hurley Te [redacted]
   Address N/O e-r
   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. Re[redacted] VALERAE M. HURLEY
   Te[redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75- ✓		
2. Electrical	145- ✓		
3. Plumbing	50- ✓		
4. Fire Protection	45- ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
State Permit Surcharge Fee	6-		
Subtotal	$		
Cert. of Occupancy			
Other			
L	$ 321-		

IG/SITE CHARACTERISTICS (office use only)

er 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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

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		DM	7/30/13		8/16/13	DGH			
☐ Electrical					8.13.13	DD			
☐ Plumbing					08.19.13	BA			
☐ Fire Protection					8/20/13	EJ			
☐ Elevator		Eng Exempt			8/8/13	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present: _____
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/25/2014
Control Number C-13-004359
Permit Number 13-3551
Permit Issue Date 08/21/2013
Certificate Number 13-3551

Certificate

Construction Code Division

(Certificate of Approval)

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:

Contractor HURLEY, VALERAE M

Address 720 MAIDENSTONE DR BRICK NJ 08724

Telephone: 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: GENERATOR, SUBPANEL

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: 02/25/2014 U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-21-13
Control #
Date Issued
Permit # 13-3551

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 M. MURLEY

Tel. [redacted] e-mail [redacted]

Address 720 Maidenstone dr, Brick, NJ 08724

Contractor: Howard A. Schleich Sr. (street) (municipality) Tel. (732) 718-5890 (zip code)

Address 2215 Hadley ct e-mail

Wall, NJ 07719

Contractor License No. 6481 Exp. Date 3-15

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 $ 1000

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: Howard A. Schleich

Print name here: Howard A. Schleich Sr.

[ ] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr. [ ] Exempt Applicant

TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install 20kw Aircooled, Natural gas Fueled Generator & Auto-Transfer sw (200A) Feeding Critical Load Subpanel

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		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	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	20	KW Transformer/Generator	
		AMP Service	
1	[redacted]100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	1	Transfer Switch	

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: 8-13-13 Approved by: DD

[ ] Electric Plans Approved Date: Approved by:

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

SUBCODE APPROVAL for PERMIT Date: 8/13/13 Approved by: JS

SUBCODE APPROVAL for CERTIFICATE [ ] CO [ ] CCO [ ] CA Date: 2-14-14 Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench			9-25-13	DD
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	1-9-14 DR		2-11-14	TD
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8-21-13
Control # 13-3551
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 maidenstore dr

Owner in Fee: VALERAE M. HURLEY

Te [redacted] e-mai [redacted]

Address 720 Maidenstore dr, BRICK, NJ 08724
street municipality zip code

Contractor: H/O 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	08/16/13	[illegible]
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 08/16/13
Approved by: CCK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 01/15/14
Approved by: [illegible]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	9/4/13 [illegible]		1/9/14	TPL
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 1000
2. Rehabilitation $ 0
3. Total (1+ 2) $ 1000

N/A

U.C.C. F110
(rev. 11/09)

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.

Sign here: Valerae M. Hurley

Print name here: VALERAE M. HURLEY

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install generator on 60x42 concrete pad

Install Automatic transfer & sub panel

OWNER TO PROVIDE INSTALLATION MANUAL FOR REQUIRED CLEARANCES

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
[X] Other Generators
[ ] Demolition

FEE (Office Use Only)
$

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8-21-13
Control # 13-3551
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 maidenstone dr, Brick NJ 08724

Owner in Fee: VALERAE M. HURLEY

Tel. [redacted] e-mail

Address 720 maidenstone dr, Brick, NJ 08724
street municipality zip code

Contractor: Timothy Nooding Tel. (732) 684-4499

Address 101 Jodie RD MANCHESTER NJ e-mail

Contractor License No. 12649 Exp. Date 6-30-15

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1000.00

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: 7-25-13

Print name here: Timothy Nooding

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
underground gas line for generator

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 08/19/13 Approved by: PA
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-20-13
Approved by: RJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1/6/14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			1/6/14	
Gas Equipment				
Gas Piping			9-25-13	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			1/6/14	

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

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

GAS ISOMETRIC

LONGEST RUN 80'

TOTAL BTU 323,000

TOWNSHIP OF BRICK

RELEASED FOR PERMIT INITIAL DATE

Building Subcode _____

Plumbing Subcode _____

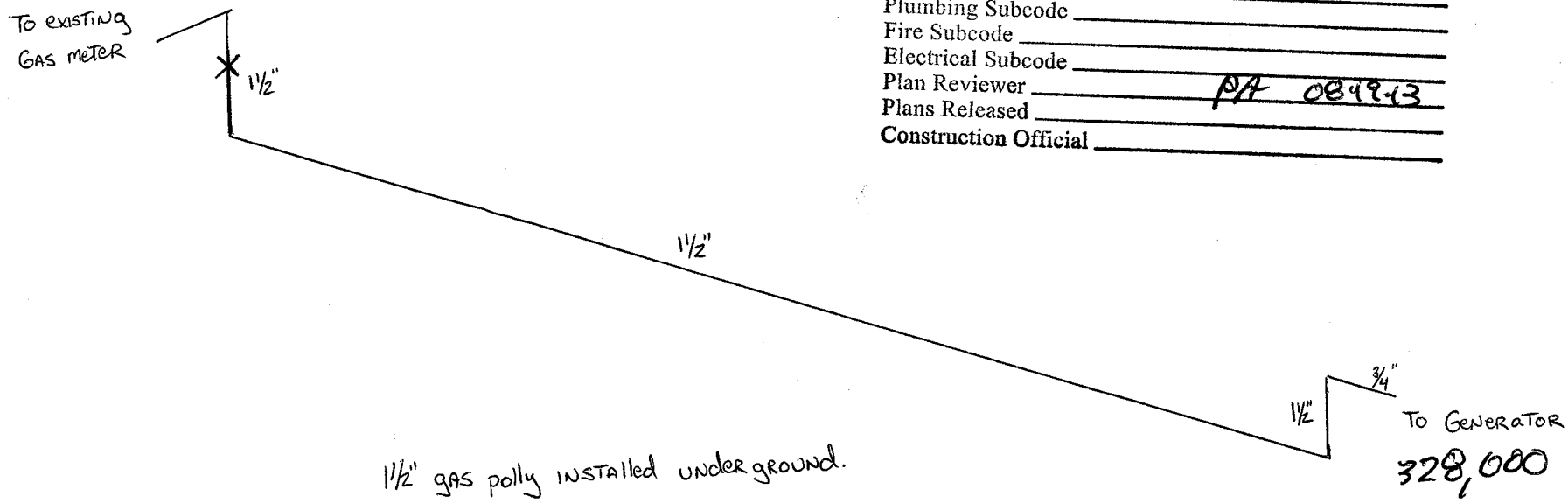
Fire Subcode _____

Electrical Subcode _____

Plan Reviewer PA 08-9-13

Plans Released _____

Construction Official _____



1½" GAS POLLY INSTALLED UNDERGROUND.

NOT TO SCALE 7-17-13

Sally Ltd

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-21-13
Control #

Date Issued
Permit # 13-3551

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

Owner in Fee: VALERAE M. Hurley

Tel. ([redacted] e-ma [redacted]

Address 720 maidenstone dr. (street) BRICK, (municipality) NJ 08724 (zip code)

Contractor: Homeowner 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 [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other _____

Location: _____

Total Cost of Fire Protection Work $ 5

Fuel Storage Tank:

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

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

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8-10-13

Approved by: RTD

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 8-14-13

Approved by: RTD

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System			1/42	LD
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			1/42	LD
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Valeraе M. Hurley

Print name here: VALERAE M. HURLEY

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

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		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

must meet install guide clearances (HAVE GUIDE ON SITE.)

CONSTRUCTION PERMIT

Date Issued 5-21-13
Control # C-13-004359
Permit # 13-3551

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]
ic. No. or Bldrs. Reg
ederal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GENERATOR, SUBPANEL

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 $3,005

Daniel J. Newman Jr. 5/20/13
Construction Official Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$145
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$321
Check No.	3761
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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.

- [x] 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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1027

Receipt

Payment Date 8/21/2013

Transaction # PMT-13-06627

Receipt #

Issued To Hurley

Description 720 Maidenstone Drive
Generator

Date Printed 8/21/2013

Check Number 2121

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

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____

BLOCK: 1421.08 LOT: 4.08 QUALIFIER: — SITE ADDRESS: 720 Maiderstone dr.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Valerae M Hurley
COMPLETE ADDRESS: 720 maiderstone dr, Brick, NJ 08724
PHONE [redacted] MAI[redacted]

2. NAME OF APPLICANT: Valerae Hurley
APPLICANT ADDRESS: 720 maiderstone dr, brick, NJ 08724
PHONE [redacted] EMA[redacted]

3. RESPONSIBLE PERSON FOR WORK: Valerae Hurley
PHONE [redacted] FAX# N/A

4. SIGNATURE OF APPLICANT: Valerae M. Hurley

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $ —
$ 50

REQUIRED BY APPLICANT

RESIDENTIAL: ✓
COMMERCIAL: —
EXISTING USE: SFD
PROPOSED USE: SFD

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

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

HEIGHT: 38" + 6" for concrete (*IF APPLICABLE)

OTHER Generator

DESCRIPTION: Install 20KW generator on 60"X42" Concrete Pad

ZONING REVIEW:
DATE REVIEWED: 8/7/13 DATE DENIED: _____ DATE APPROVED: 8/7/13 INTLS: [illegible]

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-13-00985
Application Date: 08/07/2013
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **720 MAIDENSTONE DRIVE**
Brick Township, NJ

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: 08/07/2013

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:
Generator, Standby - 20kw standby generator on 60"X 42" concrete pad must be setback a minimum of 10' from side and rear property lines.

Additional Zoning permit required for any other work done on property.

Upon review it was determined that the Development Application:

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

Darren P. Terrizzi, Assistant Zoning Officer — 08/07/2013 Date

Michael P. Fowler, Township Planner — 8/7/13 **Date**

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 1421.08 LOT: 4.08 ADDRESS: 720 maidenstore dr.

IDENTIFICATION:

1. WORK SITE ADDRESS: 720 maidenstore dr.
2. NAME OF OWNER IN FEE: VALERAE M. HURLEY
   ADDRESS: 720 maidenstore dr PHONE #: (732 [redacted]
   Brick, NJ 08724 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: _____
   ADDRESS: _____ PHONE #: (__) _____
   _____ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Valerae Hurley
   ADDRESS: 720 maidenstore dr. Brick, NJ 08724

PHON[redacted] (#: (__) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER Generator on Concrete slab

LENGTH: 60 WIDTH: 42 HEIGHT: 40

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

Date: _____

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 1421.08 ~~1421.09~~ Lot: 4.09

Property Address: 720 maiderstore dr, Brick, NJ 08724

I, Math Shim (name) of 720 maiderstore, dr, Brick NJ 08724 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

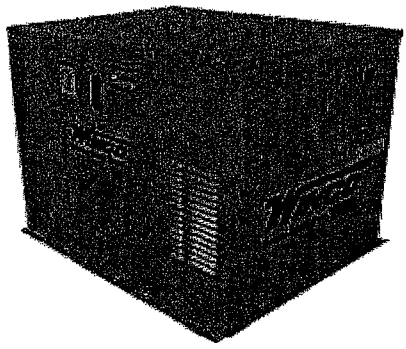
Comments:

311 ACCESS BRICK TOWNSHIP

WINCO INC
A Division of DTI Dyna Technology Inc

Air-Cooled
PACKAGED STANDBY SYSTEM

PSS8B	PSS12H	PSS15B	PSS20B



Intertek

Conforms to UL STD 2200

Performance Data

	LP			NG		
	kW	kVa	Amps	kW	kVa	Amps
PSS8B	8.4	8.4	35	7.6	7.6	32
PSS12H	12	12	50	10	10	41
PSS15B	15	15	62.5	12	12	50
PSS20B	18.5	18.5	77	16	16	67

Notes: (1) Derate 3.5% per 1,000 feet elevation above sea level.

Features and Benefits

Manufacturer
- Winco has over 85 years of generator experience.
- Winco exclusively manufactures generators. We focus our resources on developing the highest quality products available at the best long term value.
- Manufactured in the USA.

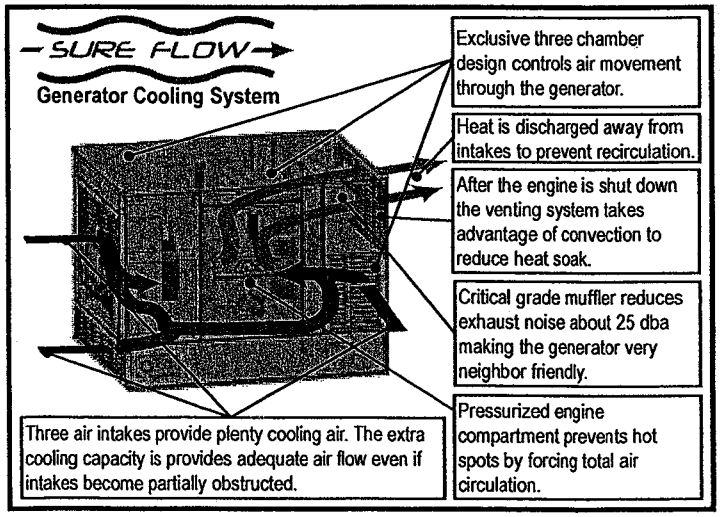
Engines
- Commercial grade V-twin engines are standard in all models for smooth clean power.
- Pressurized lubrication system with spin-on oil filter.
- Generator exercises at operating speed to run complete diagnostics on the system.
- Converting between natural gas and LP gas is simple and easily done in the field.

Installation
- Generator design allows side wall or sub-base underground connections.
- Easy to use AC and DC terminal blocks make connections quick and simple.

Weather Enclosure
- Quiet neighbor-friendly operation.
- Fire-retardant sound absorbing foam.
- Galvaneal steel weatherproof housings are strong and durable at all temperatures.
- All panels are lockable and identically keyed.
- Side panels allow access to the generator for maintenance without having to remove or open the roof exposing the internal components to the elements.
- Unique three chamber housing design (see drawing to right) increases air flow while reducing noise and heat.
- Small compact designs are attractive and easily blend in with landscaping.

Additional Features
- Smart battery charger prevents sulfation increasing the reliability and service life of the battery.
- Fast automatic response to power outages with optional transfer switch restores power in less than 30 seconds.

Safety Features
- Safety shutdowns including high oil temp, low oil pressure, low frequency and low voltage protect the generator and load.
- Overcurrent protection by high quality thermal-magnetic Square D circuit breaker.
- Double disc fuel solenoids ensure positive fuel shut-off.
- Steel fuel inlet is more durable than aluminum preventing dangerous cracks.
- Full commercial warranty for 1 year or 1000 hours. Engine warranty administered by engine manufacturer.
- CSA approved and ETL listed to UL Standard 2200.
- All models are EPA/CARB compliant.



Winco Inc, 225 S. Cordova Ave, Le Center MN 56057 - (800) 733-2112 - www.wincogen.com

WINCO INC
A Division of DTP Dyna Technology Inc

Air-Cooled
PACKAGED STANDBY SYSTEM

Specifications

Engine Specifications

	PSS8B	PSS12H	PSS15B	PSS20B
Make	B&S	Honda	B&S	B&S
Model	Vanguard	GX690	Vanguard	Vanguard
Displacement	570 cc/OHV	688 cc/OHV	895 cc/OHV	993 cc/OHV
Cylinders/Sleeves	V-Twin/Cast Iron			
Lubrication	Forced with Spin-On Filter			
Ignition	Electronic			
Engine Speed	3600			
Governor	Mechanical			
Regulation	+/-1/8 hz Steady State			
Fuel	LP/NG Field Selectable			
Exhaust	Critical Grade, Glass-pack			
Low Oil Pressure	Shutdown			
High Oil Temp	Shutdown			
Warranty	2 yr	3 yr	2 yr	2 yr
EPA/CARB	Yes	Yes	Yes	Yes

Electrical Specifications

Output	120/240V Single Phase
Design	Rotating Field
Poles	2
Voltage Regulation	+/-5%
Insulation	Class H
Temperature Rise	125°/40° C
Windings	100% Copper
Bearings	Weatherproof Maintenance Free
Harmonic Distortion	<5%
Rotor	2/3 Pitch
Load Acceptance	100% Rating/Single Step
DC System Voltage	12V
DC Alternator	Engine Mounted
Battery Rack/Cable	Included
Battery Charger	Included (3 Stage)
Start Battery	Group 26, 500 CCA (Not Included)

Fuel Requirements

	Load	PSS8B	PSS12H	PSS15B	PSS20B
Natural Gas	100%	132	195	260	328
	50%	95	140	170	239
LP Gas	100%	1.6	2.2	2.96	3.61
	50%	1.0	1.4	1.75	2.60
Flow Rate NG (BTU/HR)		132,000	190,000	260,000	328,000
Flow Rate LP (BTU/HR)		158,760	194,000	272,160	329,000

Notes: (1) Natural gas measured in ft³/hr. (2) LP gas measured in gal/hr. (3) Requires 7-11" water column (4-6 oz) fuel pressure. (4) Flow rates are at full load. (5) 3/4" Fuel Inlet.

Fuel Tank/Line Sizing

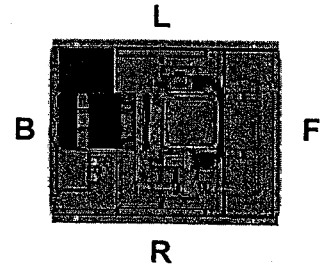
	PSS8B	PSS12H	PSS15B	PSS20B
60° F (16° C)	150 Gal	150 Gal	150 Gal	150 Gal
32° F (0° C)	150 Gal	250 Gal	250 Gal	250 Gal
0° F (-18° C)	250 Gal	500 Gal	500 Gal	500 Gal
-20° F (-29° C)	500 Gal	1000 Gal	1000 Gal	1000 Gal

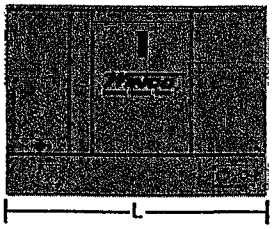
Feet	Pipe Size (Add 3 for each elbow. Do not use street ells.)
Up to 25'	3/4" Pipe
25-100	1" Pipe
Over 100'	Use a 2 regulator system.

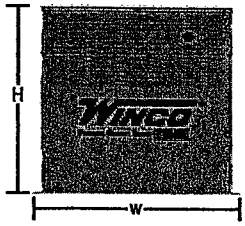
Sound Data

	No Load				Full Load			
	L	R	F	B	L	R	F	B
PSS8B	63.2	64.4	66.4	63.8	64.9	65.3	68.5	65.3
PSS12H	64.5	62.1	68.2	66.1	67.5	64.3	69.5	66.1
PSS15B	65.6	71.8	71.1	67.7	71.6	71.2	71.1	72.4
PSS20B	Not Available				Not Available			

Notes: (1) All measurements are in db(a). (2) Tested at 7 meters (23 ft.).







Dimensional Data

	L	W	H	Weight
PSS8B	36 1/2"	29 3/4"	27 3/8"	400 lbs
PSS12H	40 11/16"	31 3/4"	30 7/8"	512 lbs
PSS15B	48 3/16"	32 3/4"	34 3/8"	716 lbs
PSS20B	54 7/8"	36 1/2"	37.75	995 lbs

Winco Inc, 225 S. Cordova Ave, Le Center MN 56057 - (800) 733-2112 - www.wincogen.com

WINCO INC
A Division of DTE Dyna Technology Inc

Air-Cooled
PACKAGED STANDBY SYSTEM

Control Options

Winco Air-Cooled Packaged Standby Systems are available with both 4-wire and 2-wire control modules. The choice of controllers give you the flexibility to effectively meet any application's requirements without compromise.

4-Wire Start Module

The Winco 4-wire control module is designed to work with the ASCO 165 4-wire transfer switches. All starting controls including start contacts, fuel solenoid contacts and time delays are built into the transfer switch. If a fault occurs, the transfer switch will shut down the system and display diagnostic code. This system is ideal for most residential standby installations.

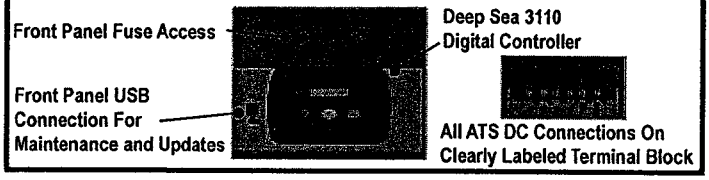
ASCO 165 Automatic Transfer Switches

- Perfect for residential/light commercial applications.
- 3-second time delay prevents starting the generator for momentary power outages.
- 15-second delay before transferring to emergency power allows the generator to stabilize after starting.
- Electrical power is restored in less than 30 seconds.
- 5-minute time delay on retransfer allows the utility source to stabilize prior to transferring the load back to utility.
- 1-minute unloaded running time delay allows the engine and generator to cool down before shutdown.
- Available in 4-wire or 2-wire configurations.
- True double-throw contacts with inherent mechanical interlocking.
- Diagnostic indicators aid in troubleshooting.
- Listed to UL 1008

***Asco 185 and 300 Series standard and service entrance rated switches also available. (2-Wire Start Only)

2-Wire Start Module

The Winco 2-wire control module starts the generator when a dry contact closes making it compatible with most transfer switches and other starting devices. All generator start and shutdown functions are controlled by the 2-wire control module. The module provides detailed operating and diagnostic information through its digital display. This module is recommended for applications with compatible transfer switches, solar, pump and independent operation.



Controller Features

	4-Wire	2-Wire
Fail To Start	X	X
Fail To Stop	-	X
Low Oil Pressure	X(1)	X
High Engine Oil Temp.	X(1)	X
Under Frequency/Speed	X	X
Over Frequency/Speed	X	X
Low Voltage	X	X
High Voltage	X	X
Battery Over/Under Voltage	-	X
Digital Display (RPM, V, HZ, Bat. V)	-	X

Notes: (1) Control displays a generic fault code.

Accessories

Start System

- ☐ 4-Wire (Standard)
- ☒ 2-Wire

Automatic Transfer Switch (Select One Option/Column)

- ☐ ASCO 165
  - ☐ 100A ☐ NEMA 1 ☐ 4-Wire Start
  - ☐ 200A ☐ NEMA 3R
- ☒ ASCO 185 (2-Wire Start Only)
  - ☒ 100A ☒ NEMA 1 ☐ Service Entrance Rated
  - ☐ 200A ☐ NEMA 3R
  - ☐ 400A
- ☐ ASCO 300 _____ Amps _____ Enclosure

Cold Weather

- ☐ Engine Heater w/Thermostat
- ☐ Battery Heater

Other

- ☐ 3/4" Vapor Fuel Stainer

Presented By:

Winco Inc, 225 S. Cordova Ave, Le Center MN 56057 - (800) 733-2112 - www.wincogen.com

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer		8/7/13							ZA-13-60985
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

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(f)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 _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Howard A. Schleich Sr. (Electrician)

Address 2215 Hadley Ct

Wall, N.J. 07719

Telephone (732) 718-5890

Signature Howard A. Schleich Sr

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

open spaces in between