BLOCK 210.30 LOT 41 QUALIFICATION CODE ________ ADDRESS (SITE) ________ PERMIT NO. 14-2486

CONSTRUCTION PERMIT APPLICATION

C-14-002090

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

I. IDENTIFICATION

1. Proposed Work Site at: 28 Catalina Dr Brick NJ 08724
2. Name of Owner in Fee: Ms. Sheila Barbato
   Tel [redacted] e-mail Gabe@bravoBuilders.Com
   Address 161 Creek Rd Brick NJ 08724 (street, municipality, zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor Bravo Builders Tel. 908 723-2999
   Address 805 Orchard Ave e-mail
   Pt Pleasant Beach NJ 08742 Gabe@bravo builders.Com
   License No. OR, if new home, Builder Reg. No. 043845 Exp. Date ______
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH0 5529100
   Federal Emp. ID No. 205469219 FAX: (732) 899-3882
5. Architect or Engineer Pennoni Associates Contact LISA Morrison PE
   Address 2005 South Easton Rd Suite 100 Doylestown PA 18901 e-mail
   Tel. (215) 345-4591 FAX: ( )
6. Responsible Person in Charge once Work has Begun Gabe Bravo
   Tel. (908) 723-2999 FAX: ( )

Plans

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	538		
2. Electrical			195	
3. Plumbing			330	
4. Fire Protection			135	45
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$			
8. Subtotal	$			
9. State Permit Surcharge Fee		49		
10. Subtotal	$			
11. Cert. of Occupancy		75		
12. Other CP		150		
13. TOTAL	$	812	660	45

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1
2. Height of Structure 21'6" ft.
3. Area — Largest Floor 1200 sq. ft.
4. New Building Area 1200 sq. ft.
5. Volume of New Structure 11,088 cu. ft.
6. Max. Live Load 68,000
7. Max. Occupancy Load 17
8. If Industrialized Building: State Approved ____ HUD ✓
9. Total Land Area Disturbed 1,232 sq. ft.
10. Flood Hazard Zone AE
11. Base Flood Elevation 7 ft.
12. Wetlands yes ____ no ✓

(office use only)

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	$173,000	GN		07/10/14	07/29/14	KEK			
☐ Electrical	$7,940				7/16/14	[illegible]			
☐ Plumbing	$8,500				7/17/14	[illegible]			
☐ Fire Protection	$4,260	E	7/1/14		7/1/14	[illegible]			
☐ Elevator	N/A								
TOTAL COST	193,700.00								

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

RREM

RREM

FLOOD ZONE

RREM

Z KS

5-20-14

REVIEW 7-23-14

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.

(✓) Check if contractor.

Agent Name Gabe Bravo Bravo Builders LLC

Address 805 Orchard Ave Pt Pleasant Beach NJ 08742

Telephone (908) 723-2999

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/26/2014
Control Number C-14-002090
Permit Number 14-2486
Permit Issue Date 7/31/2014
Certificate Number 14-2486

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 28 CATALINA DR. Brick Township, NJ Block: 210.30 Lot: 41 Qual:

Owner in Fee: BARBATO, SHEILA J.

Owner Address: 161 CREEK RD BRICK NJ 08724

Telephone [redacted]

Contractor BRAVO DEVELOPMENT

Address 805 ORCHARD AVENUE PT PLEASANT BEACH NJ 08742

Telephone: (908) 723-2999 Fax: (732) 899-3882

License Number or Builders Registration Number: 043845 13VH05529100 Federal Emp. Number:

Home Warranty Number: NJ46733

Type of Warranty Plan: ☑ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SINGLE FAMILY DWELLING

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

David J. Newman Jr
Construction Official

Fee: $75.00
Check Number: 7430
Collected By: Nichol Ponsi

Date Printed: 11/26/2014

U.C.C. F260 (rev. 08/05)

*11/24/14-OK-Final-RH

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1–9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

RWP JOB NO. 140628 (FINAL)

SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE
Policy Number:
Company NAIC Number:

A1. Building Owner's Name SHEILA BARBATO

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
28 CATALINA DRIVE
City BRICK State NJ ZIP Code 08723

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT: 41 BLOCK: 210.30

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 40D 01' 29.4"N Long. 74D 05' 46.3"W Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 8 ✓

A8. For a building with a crawlspace or enclosure(s):
- a) Square footage of crawlspace or enclosure(s) 1214 ✓ sq ft
- b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 8 SV ✓
- c) Total net area of flood openings in A8.b 1600 ✓ sq in
- d) Engineered flood openings? ☒ Yes ✓ ☐ No

A9. For a building with an attached garage:
- a) Square footage of attached garage NA ✓ sq ft
- b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA
- c) Total net area of flood openings in A9.b NS sq in
- d) Engineered flood openings? ☐ Yes ☐ No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
BRICK TOWNSHIP 345285	OCEAN	NJ

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
34029 C 0213	F	09/29/2006	SEPT. 29, 2006	AE	7.0'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date: _____ ☐ CBRS ☐ OPA

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction ✓
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: KV 6783 (EL 3.61) Vertical Datum: NAVD1988

Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____
Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	CF 4.7 ✓	☒ feet	☐ meters
b) Top of the next higher floor	FF 10.2 ✓	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	NA	☒ feet	☐ meters
d) Attached garage (top of slab)	NA	☒ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	10.3 ✓	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	4.5 ✓	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	4.6	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	4.7	☒ feet	☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

☒ Check here if comments are provided on back of form.
☒ Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name RONALD W. POST License Number 24GS02863400

Title LIC. LAND SURVEYOR Company Name RONALD W. POST SURVEYING, INC.

Address 1792 HINDS ROAD City TOMS RIVER State NJ ZIP Code 08753

Signature Ronald W. Post Date 10/31/2014 Telephone 732-255-9050

FEMA Form 086-0-33 (7/12) See reverse side for continuation. Replaces all previous editions.

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 CATALINA DRIVE	Policy Number:
City BRICK State NJ ZIP Code 08723	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments PRELIMINARY FIRM FLOOD ZONE AE-7' (DATED MARCH 28, 2014) ✓
ONE STORY FRAMED DWELLING ON CONCRETE BLOCK FOUNDATION WITH CRAWL SPACE BELOW ✓
HOT WATER AND FURNACE ON FF @ EL 10.3 ✓
AC ON BRACKETS @ EL 10.33 ✓
(8) SMART VENT ENGINEERED FLOOD VENTS IN CRAWL SPACE @ 1600 SQ. IN . TOTAL / MODEL # 1540-510 ✓

Signature Ronald W. Post Date 10/31/2014

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters Datum _____

G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 CATALINA DRIVE	FOR INSURANCE COMPANY USE Policy Number:
City BRICK State NJ ZIP Code 08723	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT VIEW – 10/31/2014

REAR VIEW – 10/31/2014

Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 CATALINA DRIVE	FOR INSURANCE COMPANY USE Policy Number:
City BRICK State NJ ZIP Code 08723	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

RIGHT SIDE VIEW – 10/31/2014

LEFT SIDE VIEW – 10/31/2014

SMART VENT MODEL # 1540-510
10/31/2014

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/31/14
Control #

Date Issued
Permit # 14-2486

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

Block 210.30 Lot 41 Qualification Code

Work Site Location 28 Catalina Dr
Brick NJ 08724

Owner in Fee: Ms Sheila Barbato

[redacted] e-mail Gabe@bravobuilders.com

Address 116 Creek Rd (street) Brick (municipality) NJ 08724 (zip code)

Contractor: Bravo Builders Tel. 908) 723-2999

Address 905 Orchard Ave e-mail Gabe@bravobuilders.com
Point Pleasant Beach NJ 08742

Contractor License No. or Builder Registration No. 043845 Exp. Date 12/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05529100

Federal Emp. ID No. 205469219 FAX: (732) 899-3382

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:

Print name here: Gabe Bravo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Construct New RNEM Program Designed Single Story Ranch Home IN Accordance with The Architectural Drawings Submitted

Decks/A/C

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	07/29/14	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 07/29/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 11/20/14
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing			8-8-14	
Footing Bonding			8-8-14	
Foundation			9-5-14	
Slab				
Frame			10-17-14	
Truss Sys./Bracing			8-19-14	
Barrier Free			9-2-14	
Insulation			10-21-14	
Finishes-Rough Layer			9-22-14	
Finishes-Final			9-25-14	
Energy				
Mechanical Corrections Required			9-12-14	
TCO				
Other Pools & Decks Est.			9-25-14	
Final			11-19-14	
Barrier-Free				

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 $

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed same
No. of Stories 1
Height of Structure 18.2 ft.
Area — Largest Floor 1200 SF sq. ft.
New Bldg. Area/All Floors 1200 SF sq. ft.
Volume of New Structure 11,088 cu. ft.
Max. Live Load 68,000
Max. Occupancy Load 17

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ ~~170,000~~ 166,160 00
2. Rehabilitation $ N/A 6840 00
3. Total (1+ 2) $ 173,000 00

U.C.C. F110 (rev. 11/08)

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

8-13-14
- Severe rain from night before caved trench, full of water no block visible

9-2-14
- Foundation good pending Location Appr.

10-17-14
- Fire Stop Chase behind Shower Ok to Insul.

PLUMBING SUBCODE
TECHNICAL SECTION

M/31/14

Update

Date Received
Control # C14-002090+A

Date Issued
Permit # 14-2486+A

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

Block 210.32 Lot 41 Qualification Code

Work Site Location 28 Catalina Dr Brick NJ. 08723

Owner in Fee Ms Sheila Bambato

[redacted] e-mail Gabe@bravobuilders.com

Address 161 Creek Rd Brick NJ 08724

Contractor D. Polo Plumbing & Heating (municipality) Tel (732) 241-1783 (zip code)

Address 179 Harrington Dr. North e-mail

Toms River NJ 08757

Contractor License No. 12962 Exp Date 6-30-15

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

Federal Emp. ID No. 45-4212852 FAX (732) 557-5100

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 3" Public Sewer ✓ Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ 8500

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 David Polo

Print name here David Polo

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Complete Rough and Finish Plumbing of New Dwelling In Accordance With Drawings Submitted

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet ✓	$
	Urinal/Bidet	
1	Bath Tub ✓	
1	Lavatory ✓	
	Shower	
1	Floor Drain ✓	
1	Sink Kitchen ✓	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine ✓	
1	Hose Bibb	
1	Water Heater GAS ✓	
	Fuel Oil Piping	
4 ✓	Gas Piping HWH, Range, Furnace, Dryer	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection 40'-50'	
1	Water Service Connection 40'-50' (1")	
	Stacks See Attached Riser Diagram	
1	Other furnace	
1 - A/C		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 11/17/14

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 11-25-14

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			10/7/14	DL
Water			10/23/14	WK
Sewer	9/2/14		9/8/14	WK
Fixtures				
Gas Equipment				
Gas Piping			10/7/14	DL
LPGas Tank				
Fuel Oil Piping				
Solar				
~~CO~~ yellow			11/24/14	WK
Final	11/21/14		11/24/14	WK

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

9/2/14 D.L

STW NOT Ready NO bath on site

WM-11-21-14

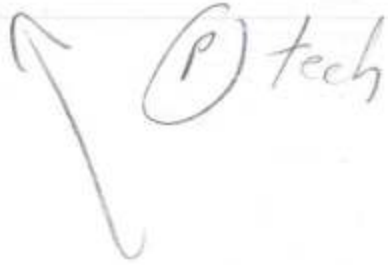
WATER TEMP

PAN FOR ~~SHOWER~~ WATER HEATER

CURTAIN ROD –

COLD 6" FROM VENT –

PROTECT FROM FREEZING



By:
BRAVO DEVELOPMENT Corp.

805 Orchard Ave Pt. Pleasant Beach, NJ 08742
(908) 723-2999
(732) 475-6127
NJHIC# 13VH05529100
NJ NEW HOME BUILDERS LICENSE # 043845
WWW.BRAVOBUILDERS.COM

Address: 28 Catalina Drive, Brick
Permit No. 14-2486

Bravo Builders assumes all responsibility for any water or gas piping to make any repairs necessary should any of these pipes freeze.

11/24/14

Gabe Bravo
Bravo Builders

American eWarranty

119 Aster Drive Suite 105
Harrisburg, PA 17112
Phone: 717-526-2090
Fax: 717-526-2066

To: Municipal Construction Official

From: American eWarranty, LLC

Subject: CONFIRMATION OF HOME ENROLLMENT AND WARRANTY COVERAGE

This shall serve as notification that the home listed below has been accepted and approved for enrollment in the American eWarranty 10 year Limited Warranty Program. This form also affirms that the Limited Warranty document has been transmitted to the builder named below for delivery to the homeowner at closing/final settlement.

Builder Name: Byrdson Services LLC

AeW Builder Identification Number: 1566

NJ DCA Registration Number: 46733

Purchaser/Homeowner Name: Sheila Barbato

Legal Address of Home Enrolled: 28 Catalina Drive
Brick Township, NJ 08723

AeW Warranty Identifcation Number: 26363

Date: 11/24/2014

AeW Representative: Lowree Hart V.P.

SEAL American eWarranty LLC

APPLICATION FOR CERTIFICATE

Date Received 05/20/2014
Date Permit Issued 07/31/2014
Control # C-14-002090
Permit # 14-2486
Date Issued

IDENTIFICATION

Block 210.30 Lot 41 Qualifier

Work Site Location 28 CATALINA DR. Brick Township, NJ

Owner in Fee BARBATO, SHEILA J.
161 CREEK RD BRICK NJ 08724

Telephone [redacted]

Contractor BRAVO DEVELOPMENT
Address 805 ORCHARD AVENUE PT PLEASANT BEACH NJ 08742
Telephone (908) 723-2999
Lic. No. or Bldrs. Reg. No. 043845 13VH05529100
Federal Employee. No.

ACTION

- ☑ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous R-5 Current

FINAL COST OF CONSTRUCTION: $ 173000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
New/Alteration SINGLE FAMILY DWELLING ...PARTIAL RELEASE - BUILDING SUBCODE ONLY

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____ 11/25/14
Owner/Agent

- ☐ OWNER
- ☑ AGENT

UCC F270 equiv.

BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 11/26/14

NAME Sheila Barbato

ADDRESS 161 Creek Rd Brick NJ 08724-7636

PROPERTY LOCATION 28 Catalina Dr

Account No 4640006--0 Block 210.30 Lot 41

I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

INSPECTOR: Russell Harris

DATE: Mon. 11/24/14

JOB: Single Family New Construction SECTION: Baywood

TYPE OF WORK: Final CO

WEATHER: Fog

LOCATION: 28 Catalina Dr.

TEMPERATURE: 70's

BLOCK: 210.30 LOT: 41

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

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

PERMIT # 14-2486 LOT: 41 BLOCK: 210.30

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- SPACING
- SIZE

STRAPS
- SPACING (PER MANUFACTURER'S SPECS)
- SIZE

2. SILL PLATES:
- SIZE
- GRADE, SPECIES
- TREATMENT
- LAPS
- SILL SEALER
- PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- TERMITE PROTECTION

3. BEAM POCKETS:
- BEARING/SHIMS
- TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:
- SIZED PER PLAN
- ATTACHMENT/PLATES
- SPACING/LOCATION
- PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD	4TH	
				FLOOR
				SIZE
				GRADE, SPECIES
				SINGLE OR DOUBLE
				PRE-ENGINEERED PER MANUFACTURER'S SPECS
				CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:
- SIZED PER PLAN
- TYPE
- GRADE, SPECIES
- LOCATION AND RELATION TO THE PLAN
- NAILING
- ATTACHMENT SCHEDULE
- BEARING
- LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD	4TH	
				FLOOR
				SIZED PER PLAN
				GRADE, SPECIES
				PRE-ENGINEERED COMPONENTS AS SPECIFIED
				BEARING
				NAILING
				BRIDGING
				CUTTING AND NOTCHING (AS PER CODE)
				POINT LOADS - SUPPORTED AS PER PLAN
				SPAN HANGERS
				HEADERS
				FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD	4TH	
				FLOOR
				PANEL SPAN, THICKNESS

MATERIAL

SPECIAL REQUIREMENTS
- EDGE BLOCKING (IF REQUIRED)
- GAPPING
- LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD	4TH	
				FLOOR
				BEARING
				NAILING

JOB COPY

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: _____ Date: 10/17/14

Building Inspector Initials: _____ Date: 10-17-14

U.C.C. F399-1 (rev. 03/09)

PERMIT # _____ LOT: _____ BLOCK: _____

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1ST	2ND	3RD	4TH	FLOOR
B I	B I	B I	B I	SIZE
B I	B I	B I	B I	SPACE
B I	B I	B I	B I	SPECIES AND GRADE
B I	B I	B I	B I	CUTTING, NOTCHING AND BORING
B I	B I	B I	B I	HEADER SIZES
B I	B I	B I	B I	JACK STUD BEARING
				TOP PLATES
B I	B I	B I	B I	NAILING
B I	B I	B I	B I	LAPS
B I	B I	B I	B I	RAFTER TIES
B I	B I	B I	B I	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1ST	2ND	3RD	4TH	FLOOR
B I	B I	B I	B I	SIZE
B I	B I	B I	B I	SPACE
B I	B I	B I	B I	LAYOUT - SUPPORT BELOW PER CODE
B I	B I	B I	B I	SPECIES AND GRADE
B I	B I	B I	B I	CUTTING, NOTCHING AND BORING
B I	B I	B I	B I	FIRE BLOCKING
B I	B I	B I	B I	HEADER SIZES
B I	B I	B I	B I	JACK STUD BEARING
				TOP PLATES
B I	B I	B I	B I	NAILING
B I	B I	B I	B I	LAPS
B I	B I	B I	B I	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1ST	2ND	3RD	4TH	FLOOR
B I	B I	B I	B I	SIZE
B I	B I	B I	B I	SPACE
B I	B I	B I	B I	SPECIES AND GRADE
B I	B I	B I	B I	CUTTING, NOTCHING AND BORING
B I	B I	B I	B I	FIRE BLOCKING
B I	B I	B I	B I	HEADER SIZES
B I	B I	B I	B I	TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

- B I LAYOUT PLANS
- B I TRUSS MEMBERS
- B I CONNECTION SCHEDULE
- B I PERMANENT BRACING DETAILS
- B I DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
- B I EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS

N/A

- B I LOCATION AS PER LAYOUT
- B I ALIGNMENT
- B I BEARING
- B I SPACING
- B I CONNECTIONS TO BEARING POINTS
- B I NO CONNECTION TO NON-BEARING POINTS
- B I DAMAGE AND DEFECTS
- B I ENGINEERED METHOD OF REPAIR

N/A

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

- B I LAYOUT
- B I SIZE
- B I TYPE
- B I NAILING
- B I OVERLAP
- B I TERMINATION
- B I TRANSITION (I.E., CROSS) BRACING

N/A

3. GABLE END BRACING (AS PER DESIGN):

- B I LAYOUT
- B I SIZE
- B I TYPE
- B I NAILING
- B I OVERLAP
- B I TERMINATION

4. SOLID SAWN ROOF FRAMING:

- B I SIZE
- B I GRADES, SPECIES

LAYOUT

- B I SPACING
- B I SPAN
- B I BEARING
- B I FASTENING
- B I DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- B I CUTTING, NOTCHING, AND BORING
- B I BRIDGING
- B I RIDGE SIZE
- B I HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

- B I PANEL SPAN, THICKNESS 7/16 1/2

SPECIAL REQUIREMENTS

- B I GAPPING
- B I LAYOUT N/A
- B I CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL

- B I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- B I BLOCKING, EDGE (IF REQUIRED)
- B I CLIPS (IF REQUIRED)
- B I GAPPING
- B I LAYOUT

SHEATHING, FRT - ROOF

- B I FOUR FEET FROM FIREWALL
- B I NONCORROSIVE FASTENERS

U.C.C. F390-2 (rev. 03/09)

Initials: Resp. Person in Charge of Work _____ Building Inspector _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update

7/31/14

Date Received
Control # C-14-002090+A
Date Issued
Permit # 14-2486+A

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

Block 210.30 Lot 41 Qualification Code

Work Site Location 28 Catalina Dr

Brick NJ 08723

C [redacted] uto/Contract Builder Gabe Bravo

T [redacted] e-mail Gabe@bravobuilders.com

Address 101 Creek Rd Brick NJ 08724
street municipality

Contractor: Same Longs A/C Tel. 732 929-0380
by Lic.

Address 583 Fischer Blvd e-mail

Toms River NJ 08753

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) BVH01465900

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: Utility room

Total Cost of Fire Protection Work $ 2500

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 7/22/14 Approved by
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-22-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-21-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			11/19/14	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			11/24/14	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			11/25/14	
Final				
Other				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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

Print name here: GABE BRAVO

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

DESCRIPTION OF WORK:
Water Supply Source Inshell Gas Fireplace
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[redacted] pre-connected		
[redacted] Interconnected		
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 [redacted]	1	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	3	
Fireplace Venting/Metal Chimney		
Other GAS FIREPLACE	1	

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update

Date Received 7/31/14
Control # C-14-002090+B
Date Issued
Permit # 14-24861B

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

Block 210.30 Lot 41 Qualification Code

Work Site Location 28 Catalina Dr Brick NJ 08723

Owner in Fee Ms Sheila Barbato

Address 161 Creek Rd Brick NJ 08724

Tel [redacted]

Contractor JB Electric Lic # 9748

Address 243 Parks St
Ft Pleasant NJ 08742

Tel (732) 295-1510 FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5 Proposed R5 Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

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

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

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ $360

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Combo C/O Smoke (2)
Install Standard Smoke (2)

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected	2	
[✓] CO Detectors/110v	2 total 4	
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		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 7/22/14

Approved by: LW

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 11-21-14

Approved by: KB

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System			11/25/14	MD
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			11/25/14	MD
Other				

ELECTRICAL SUBCODE TECHNICAL SECTION

Update

Date Received 7/31/14
Control # C-14-002080+A
Date Issued
Permit # 14-24861A

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

Block 210.30 Lot 41 Qualification Code ______
Work Site Location 28 Catalina Dr Brick NJ 08723
Owner in Fee Mc Charla Ca[illegible]
[redacted] e-mail Gbe@bravobuilders.com
Address 161 Creek Rd Brick NJ 08724
Contractor M Gray Electric Tel. (732) 295-1510
Address 1213 Dallas St Pt Pleasant e-mail ______
Contractor License No. 9748 Exp. Date 3/15
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) ______
Federal Emp. ID No. 273-547-447 FAX ( ) ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 7940.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date ______ Approved by ______
[X] Electric Plans Approved
Date 7/16/14 Approved by [signature]
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 7/16/14
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 11/21/14
Approved by: JWJ

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough			10/15/14	JWJ
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			10/15/14	JWJ
Final			11/21/14	JWJ
Barrier-Free				

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______
Annual Pool Inspection ______
Date of Grounding and Bonding Certification ______

C. CERTIFICATION IN LIEU OF OATH

*NEW CONSTRUCTION!

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

[signature]
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Supply and Install All Required Electric As Depicted on The Architectural Drawings Submitted For The New Construction of The Dwelling

QTY.	SIZE	ITEMS	FEE (Office Use Only)
25		Lighting Fixtures	
31		Receptacles	
21		Switches	
4		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	
1	3500	KW Central A/C Unit	
1	3500	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		furnace	

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

ACTION OFFICE SUPPLIES, INC. (732) 534-3000