BLOCK 211.31 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 203 Cartagena Dr PERMIT NO. 18-3188

CONSTRUCTION PERMIT APPLICATION C-18-003677

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

I. IDENTIFICATION

1. Proposed Work Site at: 203 Cartagena Drive Brick NJ
2. Name of Owner in Fee: Nick & Lysa Tatakis
   Te [redacted] e-mail [redacted]
   Address 420 Washington Avenue Township of Washington NJ 07676
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Bruo Builders LLC. Tel. 908-232-999
   Address 605 orchard avenue e-mail gabe@bruobuilders.com
   Point Pleasant Beach NJ 08742
   License No. OR, if new home, Builder Reg. No. 043845 Exp. Date 11/19
   Home Improvement Contractor Registration No. or Exemption Reason 13VH05529100
   Federal Emp. ID No. 205469219 FAX: 12/19
5. Architect or Engineer Salvatore Santoro Contact _____
   Address 53 east county line road Hewitt NJ e-mail 31santoro@live.com
   Tel. 732 370 9555 FAX: 732 370 8199
6. Responsible Person in Charge once Work has Begun Gabe Bruo
   Tel. 908 723 2999 FAX: 732 899 3382

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1630		
2. Electrical	360		
3. Plumbing	581	200	
4. Fire Protection	450		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2 $ 135		
10. Subtotal			
11. Cert. of Occupancy	522		
12. Other	Cty 200		
13. TOTAL	$ 6155	200	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	41.06 To Ridge ft.	
3. Area — Largest Floor	972 sq. ft.	
4. New Building Area	972 sq. ft.	
5. Volume of New Structure	14,688 cu. ft.	
6. Max. Live Load	40 PSF	
7. Max. Occupancy Load	15	
8. If Industrialized Building: State Approved	N/A HUD	
9. Total Land Area Disturbed	More than 5000 sq. ft.	
10. Flood Hazard Zone	AE & Preliminary AE8	
11. Base Flood Elevation	6 ft.	
12. Wetlands yes ____ no ✓		

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Date: Approval	Resubmission Date: Rejection	Re-viewer
☐ Building	72,000	MFF	9/25/18		11-7-18	TMS			
☑ Electrical	3500 00				10/23/18	TG			
☐ Plumbing	$6500 00				10/24/18	TG			
☐ Fire Protection	$100 00				10/25/18	TG			
☐ Elevator HVAC	8500 00	Cty	10/5/18		10/11/18	LCC			
TOTAL COST	90,600 00 $0								

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: 1
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Present: Select Group

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

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Brno Builders DBA GABE BRNO

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. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

10/2/18 - SENT TO Owen - SC, ZB

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

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	SE	10/2/18	X	X	X	X	X	X	ZA-18-8120J
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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.				

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/27/2019
Control Number C-18-003677
Permit Number 18-3188
Permit Issue Date 11/19/2018
Certificate Number 18-3188

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 203 CARTAGENA DR. Brick Township, NJ Block: 211.31 Lot: 8 Qual:

Owner in Fee: TATAKSI, NICHOLAOS & LISA

Owner Address: 420 WASHINGTON AVE WASHINGTON TWP NJ 07676

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: Federal Emp. Number:

Home Warranty Number: 3633481

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 - MODULAR

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 NJACS: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: $522.00
Check Number: 2598
Collected By: Matthew Fagen

Date Printed: 09/27/2019

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

APPLICATION FOR CERTIFICATE

Date Received 09/25/2018
Date Permit Issued 11/19/2018
Control # C-18-003677
Permit # 18-3188
Date Issued

IDENTIFICATION

Block 211.31 Lot 8 Qualifier

Work Site Location 203 CARTAGENA DR. Brick Township, NJ

Owner in Fee TATAKSI, NICHOLAOS & LISA
420 WASHINGTON AVE WASHINGTON TWP NJ 07676

Telephone (201) 390-5779

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

ACTION

- [x] 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: $ 183100
(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 - MODULAR

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: Owner/Agent 5/8/2019

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

CO SINGLE FAMILY DWELLING

Certificate requirements

print
reset defaults
check all
complete

CERTIFICATE OF OCCUPANCY CHECKLIST

SUBCODES

Approved Final Building Inspection	comment	☑	☐
Approved Final Electric Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

PRIOR APPROVALS

Approval from Division of Engineering (Two Sealed Final As-Built Surveys and Two Sealed Final Elevation Certificates)	**comment**	☑	☐
FINAL PAPERWORK GAVE TO ENG. NP BACK TO BLDG. - NEED ASBUILT FOR LOWER LEVEL AREA. Need detailed re-inspection 5/29/19 rec'd in bldg. 6/12/19 MFF 8/7/19 sub final asbuilts. CW Passed 8/15/19 rec'd in bldg. 8/21/19 MFF			
Certificate of Compliance from the BTMUA (732) 458-7000	comment	☑	☐
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002	comment	☑	☐
New Home Warranty or Affidavit of Waiving Home Warranty as per N.J.S.A. 46:3B-1 et seq.	comment	☑	☐
Final Affordable Housing Payment	**comment**	☑	☐
sent to AH with jacket 8/21/19 MFF Final AH Due$1,237 - spoke with Gabe (Bravo Builders) on 9/5/19 MFF Paid 9/27/19 CW			
Garbage Can Receipt (Fee to be Collected in Tax Collector's Office)	comment	☑	☐
Recycling Can Receipt (Fee to be Collected in Tax Collector's Office)	comment	☑	☐
Completed CO Application	comment	☑	☐
All Updates have been approved	comment	☑	☐
All open permits on property have been closed	comment	☑	☐

This checklist has been given to: (edit)

See Attached Risa Program For NJN Modular Plumbing Work

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 11/19/18

Date Issued Permit # 18-3188

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

Block 211.31 Lot 8 Qualification Code

Work Site Location 203 Cartagena Drive Brick NJ

Owner in Fee: Nick & Lisa Tatakis

Tel: [redacted] e-mail: [redacted]

Address: 420 Washington Avenue (street) Township of Washington (municipality) NJ (state) 07676 (zip code)

Contractor: DUFEK & MIGLIARO PLUMBING, INC. Tel. 908 723-2999

Address 170 REGINA AVENUE RAHWAY, NJ 07065 908-862-7993 LIC. NO. 8538 & 9552 e-mail Gabe@bfarobuilders.com

Contractor License No. FED. EMP. NO. 223257613 Exp. Date

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

Federal Emp. ID No. FAX: (732) 899-3882

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5

Building Sewer Size 3" Public Sewer ✓ Private Septic

Water Service Size 1" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 6500 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:

Print name here: Anthony MIGLIARO

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Install New 3" Sewer & 1" Water Line, Make all DWV Connections from Modular Home Connections To Sewer, Install Gas Piping For

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet (2) Furnaces	
	Urinal/Bidet 1 Gas Range	
	Bath Tub 1 Gas WH	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
2	Hose Bibb	
1	Water Heater Tankless Gas	
	Fuel Oil Piping	
6 ✓	Gas Piping WH, Range (2) Furnaces	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1 ✓	Sewer Connection	
1 ✓	Water Service Connection	
	Stacks	
2	Other ~~Gas Piping For~~ 2 Furnaces 1	

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: 10-18-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-2-19
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	2-19-19		2-22-19	TK
Water			12-11-18	
Sewer			12-11-18	
Fixtures				
Gas Equipment				
Gas Piping			2-19-19	
LPGas Tank				
Fuel Oil Piping				
Solar Yoke			12-11-18	
TCO				
Final	4-26-19		5-1-19	WM

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

U.C.C. F130 (rev. 11/09)
Mariano Press
732-247-6828

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

HVAC ONLY

PLUMBING SUBCODE
TECHNICAL SECTION

Updated

Date Received 11/19/18
Control #
Date Issued
Permit # 18-3188 +A

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

Block 211.31 Lot 8 Qualification Code

Work Site Location 203 Cartagena Dr
Brick NJ

Owner in Fee: Nick & Lisa Tavlis

Tel. [redacted] e-mail [redacted]

Address 420 Washington Rd Twp of Washington NJ 07676
street municipality zip code

Contractor: MB Technical Resources Tel. (732) 901-1254

Address 119 White Oak Ln e-mail
Old Bridge NJ. 08857

Contractor License No. 19HC00537700 Exp. Date 6/30/20

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01315300

Federal Emp. ID No. 22-3720907 FAX: (732) 679-9236

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size N/A Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of ~~Plumbing~~ HVAC Work $ 8500.00

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: 10-18-18
Approved by: BG

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-2-19
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			2-12-19	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5-7-19	

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:

Print name here: MICHAEL J NALESNIK

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Install all duct work, 2 line sets 2 condensation liner for a new 2 zone HVAC system

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	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
✓	Other 2 Line sets	

2 Condensation Drains

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/19/18
Control #
Date Issued
Permit # 18-3188

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

Block 216.37 Lot 8 Qualification Code

Work Site Location 203 Cartagena Dr Brick NJ 08724

Owner in Fee: Lisa & Nick Taiakis

Tel [redacted] e-mail [redacted]

Address 420 Washington Ave Twpt Washington NJ 07676
street municipality zip code

Contractor: M Gray Electric Tel. 732 295-1510

Address 1213 Hawes St e-mail

Pt Pleasant

Contractor License No. 9748 Exp. Date 3/21

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

Federal Emp. ID No. 273547447 FAX: (732) 899-3882

DR34158G129

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Residence Utility Co.

Est. Cost of Elec. Work $ 3500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 10/23/18 Approved by: AK
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/23/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [✓] CA
Date: 4/29/19
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			2/19/19	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			2/19/19	
Final			4/26/19	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			2/19/19	
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Rough - Final of Listed Items

QTY	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures (GRADE-LEVEL)	
5		Receptacles (GRADE-LEVEL)	
3		Switches (GRADE-LEVEL)	
5		Detectors (GRADE-LEVEL)	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
16		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	
2		KW Central A/C Unit	
2		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
1	200	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/19/18
Control #

Date Issued
Permit # 18-3188

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

Block 211.31 Lot 8 Qualification Code ______

Work Site Location 203 Cartagena Drive Brick NJ

Owner in Fee Nick & Lisa Tatakis

Tel. [redacted] e-mail [redacted]

Address 420 Washington Avenue (street) Township of Washington (municipality) NJ 07676 (zip code)

Contractor: Bruno Builders LLC. Tel. (908) 723 2999

Address 805 Orchard avenue e-mail gabe@brunobuilders.com

Point Pleasant Beach NJ 08742

Contractor License No. or Builder Registration No. 043845 Exp. Date

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

Federal Emp. ID No. ______ FAX (732) 899 3882

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Construct New Timber Pile Foundation For a New Modular Home Construct all Decking on Foundation plan Deck Footings, Deck Railings, Construct Lower Level Flood Plain Enclosure, Minor Paint & Touch up of Drywall & Trim

AE 8.0 BFE 8

JOB SUMMARY (Office Use Only) As Built, Pile Log / Cert 12/10/18 KCK

PLAN REVIEW — Date — Initial

[ ] No Plans Required
[X] All 11-7-18 TS
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 11/13/18
Approved by: KCK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 05/08/19
Approved by: KCK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation [illegible]	[illegible]		1/3/19	[illegible]
Slab			1/9/19	[illegible]
Frame [illegible]	[illegible]		3/8/19	[illegible]
Strapping			1/3/19	[illegible]
Front & Rear Stair [illegible]			1/15/19	[illegible]
Insulation [illegible]			3/8/19	[illegible]
open deck [illegible]			1/3/19	[illegible]
Frame [illegible]			3/8/19	[illegible]
Stair [illegible]			3/8/19	[illegible]
Mechanical				
Front porch strapping			3/8/19	[illegible]
Other				
Final X 4/26/19 [illegible]			5/8/19	[illegible]
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 R5
No. of Stories 2
Height of Structure 41.06 ft.
Area — Largest Floor 972 sq. ft.
New Bldg. Area/All Floors 972 sq. ft.
Volume of New Structure 14,688 cu. ft.
Max. Live Load 40 PSF
Max. Occupancy Load 15

Constr. Class Present R5 Proposed R5

If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ ~~[illegible]~~ 101,000 → Modular
2. Rehabilitation $ 72,000 → Site Work (Footing/Foundation - Decks Stairs Landings)
3. Total (1+ 2) $ ~~[illegible]~~ 173,000

U.C.C. F110 (rev. 12/07)

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

* 12/14/18 AM - Foundation. 4 location on binders 2 Rear 2 front
need Prager Hangers. ok move forward check at open
Deck. Marked on plans in yellow

* [illegible] PM final. See correction notice.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 11/19/18

Date Issued
Permit # 18-3188

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

Block 211.31 Lot 8 Qualification Code

Work Site Location 203 Cartagena Drive BRICK NJ

Owner-in-Fee: Nick & Lisa Tatakis

[redacted] e-mail [redacted]

Address 120 Washington Avenue Township of Washington NJ 07676
street municipality zip code

Contractor: Bravo Builders LLC. Tel. (908) 723 2494

Address 605 Ocean avenue e-mail jake@bravobuilders.com

Point Pleasant Beach NJ 08742

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): 13VH05529100

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:

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:

Total Cost of Fire Protection Work $100.00 Included To Homeowner by Modular Concepts

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: Gabe Bravo Made By Modular Construction

Print name here:

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: See Modular Drawings for Scope

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected By Modular Total Combos		
[✓] CO Detectors/110v	5	
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	5	
Fireplace Venting/Metal Chimney		
Other 2 Furnaces, 1 Gas Range, 1 Tankless HW Ht	4	2 furnace 1 gas range 1 tankless hw ht 1 gas fireplace
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:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 11/26/18

Approved by: MD MES

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 5-10-19

Approved by: CG

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			4-2-19	RM
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System	4-2-19		5-8-19	
Mechanical				RM
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	4-2-19		5-8-19	
Final				RM
Other				

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

— Mantel — freight
↳ towards OK

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____

BLOCK: _____ LOT: _____ QUALIFIER: _____ SITE ADDRESS: _____

IDENTIFICATION:

1. NAME OF OWNER IN FEE: _____
   COMPLETE ADDRESS: _____

   PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: _____
   APPLICANT ADDRESS: _____

   PHONE # _____ EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: _____
   PHONE# _____ FAX# _____

4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: _____
EXISTING USE: _____
PROPOSED USE: _____

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: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: _____

ZONING REVIEW:
DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-18-0319
DATE ISSUED 11/19/18

BLOCK: 211.31 LOT: 8 QUALIFIER: — SITE ADDRESS: 203 Cartagena Dr

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Nick & Lisa Takakis
COMPLETE ADDRESS: 203 Cartagena Dr
Brick
PHONE [redacted] EMAIL: [redacted]

2. NAME OF APPLICANT: Bravo Builders Gabe Bravo
APPLICANT ADDRESS: 805 Orchard Ave
Ft Pleasant Beach NJ 08742
PHONE # (908) 723-2999 EMAIL: Gabe@bravobuilders.com

3. RESPONSIBLE PERSON FOR WORK: Gabe Bravo
PHONE# (908) 723-2999 FAX# (732) 899-3882

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75

REQUIRED BY APPLICANT

RESIDENTIAL: ✓
COMMERCIAL: _____
EXISTING USE: SFH
PROPOSED USE SFH

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 _____

HEIGHT: 41.06' (*APPLICABLE)

OTHER New Modular Home on Timber Pile Foundation

DESCRIPTION: _____

ZONING REVIEW:
DATE REVIEWED: 10-2-18 DATE DENIED: _____ DATE APPROVED: 10-2-18 INTLS: _____

(SEE BACK PAGE)

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1336

Date Issued: 11/19/18
Application Number: ZA-18-01205
Application Date: 10/1/2018
Project Number:
Permit Number: ZP-18-01319
Fee: $75.00

Zoning Permit

Worksite **203 CARTAGENA DR.**
Location: **Brick Township, NJ 08723**

Owner: **TATAKSI, NICHOLAOS & LISA**
Address: **402 WASHINGTON AVE**
WASHINGTON TWP, NJ 07676

Applicant: **Bravo Builders**
Address: **805 Orchard Avenue**
Point Pleasant , NJ 08742

Block: **211.31** Lot: **8** Qualifier: _____ Zone: **R-5**

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

Present Use: **Single-Family Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Single-Family Residential**

Work Description:

New Building, Deck/Porch, Air-Conditioner Condenser Unit, Platform - Constructing a 2,115 sq.ft. two-story single family dwelling 41.06' to the peak based on the NAVD 88 Datum calculation. The landings and steps to meet the required flood elevation Ordinance. The front access staircase cannot exceed 100 sq.ft. in area and may project no further than 10' into a required front yard setback area. The rear access staircase cannot exceed 100 sq.ft. in area and may project no further than 5' into a required rear yard setback area.

The minimum front yard setback is 20', the minimum side yard is 5' with a combination of 12' and the minimum rear yard setback is 15' from property line and bulkhead.

The platform must be setback at least 20' from the front property line, 1' from the side property line, and 15' from the rear property line and bulkhead. Must be raised to the required flood elevation.

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

Application Approved Date: 10/2/2018

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 10/2/2018 Date

Sean Kinnevy, Zoning Officer — 10/2/18 **Date**

PERMIT UPDATE

Date Update Issued 11/19/18
Control # C-18-003677+A
Permit # 16-3158 +A

IDENTIFICATION Block: 211.31 Lot: 8 Qualifier
Work Site Location: 203 CARTAGENA DR. Brick Township, NJ

Owner in Fee: TATAKSI, NICHOLAOS & LISA
420 WASHINGTON AVE WASHINGTON TWP NJ
07676

Telephone: [redacted]

Contractor: BRAVO DEVELOPMENT
Address: 805 ORCHARD AVENUE PT PLEASANT BEACH NJ
08742
Telephone: (908) 723-2999
Lic. No. or Bldrs. Reg. No. 13VH05529100 43845 13VH05529100
Federal Employee. No. 43845 13VH05529100

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:
SINGLE FAMILY DWELLING ...UPDATE +A - A/C CONDENSATE DRAINS

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

Estimated Cost of Work $8,500

R. Neumann Jr. 11/13/18
Construction Official Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$200
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$200
Check No.	2598
Cash	$0
Credit	$0
Collected By	M. Fagan

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.

☑ 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.

CONSTRUCTION PERMIT

Date Issued 11/19/18
Control # C-18-003677
Permit # 18-3188

IDENTIFICATION Block: 211.31 Lot: 8 Qualifier
Work Site Location: 203 CARTAGENA DR. Brick Township, NJ

Owner in Fee: TATAKSI, NICHOLAOS & LISA
420 WASHINGTON AVE WASHINGTON TWP NJ 07676
Telephone: [redacted]

Contractor: BRAVO DEVELOPMENT
Address: 805 ORCHARD AVENUE PT PLEASANT BEACH NJ 08742
Telephone: (908) 723-2999
Lic. No. or Bldrs. Reg. No.: 13VH05529100 43845 13VH05529100
Federal Employee. No.: 43845 13VH05529100

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:
SINGLE FAMILY DWELLING - MODULAR

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

Estimated Cost of Work $183,100

D. Navarro 11/13/18
Construction Official Date

PAYMENTS (Office Use Only)

Building	$3,630
Electrical	$560
Plumbing	$581
Fire Protection	$450
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$137
CO Fee	$522.00
Other	$200
Total	$6,080
Check No.	2564
Cash	$0
Credit	$0
Collected By	

175
6155.

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.

REScheck Software Version 4.6.5

Compliance Certificate

PFS REVIEW ONLY
Date: 9/5/18
PFS CORPORATION
Bloomsburg, PA

Project O#7968

Energy Code:	**2015 IECC**
Location:	**Point Pleasant Beach, New Jersey**
Construction Type:	**Single-family**
Project Type:	**New Construction**
Conditioned Floor Area:	**2,115 ft2**
Glazing Area	**10%**
Climate Zone:	**4 (5253 HDD)**
Permit Date:	
Permit Number:	

Construction Site:
RE 203 CARTEGNA DRIVE
BRICK, NJ 08723

Owner/Agent:
BRAVO REALTY & DEVELOPMENT
D/B/A BRAVO BUILDERS LLC
805 ORCHARD AVENUE
POINT PLEASANT BEACH, NJ 08742

Designer/Contractor:
ICON LEGACY CMH
246 SAND HILL RD
SELINSGROVE, PA 17870

Compliance: Passes using UA trade-off

Compliance: **8.7% Better Than Code** Maximum UA: **289** Your UA: **264** Maximum SHGC: **0.40** Your SHGC: **0.26**

The % Better or Worse Than Code Index reflects how close to compliance the house is based on code trade-off rules.
It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home.

Envelope Assemblies

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss	990	38.0	0.0	0.030	30
Wall 1: Wood Frame, 16" o.c.	2,314	21.0	0.0	0.057	117
Window 1: Vinyl/Fiberglass Frame:Double Pane with Low-E SHGC: 0.28	148			0.300	44
Door 1: Solid	37			0.170	6
Door 2: Glass SHGC: 0.22	80			0.250	20
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	990	19.0	0.0	0.047	47

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2015 IECC requirements in RES*check* Version 4.6.5 and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Icon Legacy CMH	*Brett Hebert*	8/28/18
Name - Title	Signature	Date

RES*check* Software Version 4.6.5

Inspection Checklist

Energy Code: 2015 IECC

Requirements: 0.0% were addressed directly in the RES*check* software

Text in the "Comments/Assumptions" column is provided by the user in the REScheck Requirements screen. For each requirement, the user certifies that a code requirement will be met and how that is documented, or that an exception is being claimed. Where compliance is itemized in a separate table, a reference to that table is provided.

Section # & Req.ID	Pre-Inspection/Plan Review	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
103.1, 103.2 [PR1][1]	Construction drawings and documentation demonstrate energy code compliance for the building envelope. Thermal envelope represented on construction documents.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
103.1, 103.2, 403.7 [PR3][1]	Construction drawings and documentation demonstrate energy code compliance for lighting and mechanical systems. Systems serving multiple dwelling units must demonstrate compliance with the IECC Commercial Provisions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
302.1, 403.7 [PR2][2]	Heating and cooling equipment is sized per ACCA Manual S based on loads calculated per ACCA Manual J or other methods approved by the code official.	Heating: Btu/hr____ Cooling: Btu/hr____	Heating: Btu/hr____ Cooling: Btu/hr____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

PFS REVIEW ONLY

Date: 9/5/18

PFS CORPORATION

Bloomsburg, PA

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Foundation Inspection	Complies?	Comments/Assumptions
303.2.1 (FO11)[2]	A protective covering is installed to protect exposed exterior insulation and extends a minimum of 6 in. below grade.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.9 (FO12)[2]	Snow- and ice-melting system controls installed.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Framing / Rough-In Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1, 402.3.4 [FR1][1]	Door U-factor.	U-____	U-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
402.1.1, 402.3.1, 402.3.3, 402.5 [FR2][1]	Glazing U-factor (area-weighted average).	U-____	U-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
303.1.3 [FR4][1]	U-factors of fenestration products are determined in accordance with the NFRC test procedure or taken from the default table.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.1.1 [FR23][1]	Air barrier and thermal barrier installed per manufacturer's instructions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.3 [FR20][1]	Fenestration that is not site built is listed and labeled as meeting AAMA /WDMA/CSA 101/I.S.2/A440 or has infiltration rates per NFRC 400 that do not exceed code limits.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.5 [FR16][2]	IC-rated recessed lighting fixtures sealed at housing/interior finish and labeled to indicate ≤2.0 cfm leakage at 75 Pa.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.1 [FR12][1]	Supply and return ducts in attics insulated >= R-8 where duct is >= 3 inches in diameter and >= R-6 where < 3 inches. Supply and return ducts in other portions of the building insulated >= R-6 for diameter >= 3 inches and R-4.2 for < 3 inches in diameter.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.5 [FR15][3]	Building cavities are not used as ducts or plenums.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.4 [FR17][2]	HVAC piping conveying fluids above 105 ºF or chilled fluids below 55 ºF are insulated to ≥R-3.	R-____	R-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.4.1 [FR24][1]	Protection of insulation on HVAC piping.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.3 [FR18][2]	Hot water pipes are insulated to ≥R-3.	R-____	R-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.6 [FR19][2]	Automatic or gravity dampers are installed on all outdoor air intakes and exhausts.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

PFS REVIEW ONLY
Date: 9/5/18
PFS CORPORATION
Bloomsburg, PA

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Insulation Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
303.1 [IN13][2]	All installed insulation is labeled or the installed R-values provided.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.1.1, 402.2.6 [IN1][1]	Floor insulation R-value.	R-____ ☐ Wood ☐ Steel	R-____ ☐ Wood ☐ Steel	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
303.2, 402.2.7 [IN2][1]	Floor insulation installed per manufacturer's instructions and in substantial contact with the underside of the subfloor, or floor framing cavity insulation is in contact with the top side of sheathing, or continuous insulation is installed on the underside of floor framing and extends from the bottom to the top of all perimeter floor framing members.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.1.1, 402.2.5, 402.2.6 [IN3][1]	Wall insulation R-value. If this is a mass wall with at least ½ of the wall insulation on the wall exterior, the exterior insulation requirement applies (FR10).	R-____ ☐ Wood ☐ Mass ☐ Steel	R-____ ☐ Wood ☐ Mass ☐ Steel	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
303.2 [IN4][1]	Wall insulation is installed per manufacturer's instructions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

PFS REVIEW ONLY
Date: 9/5/18
PFS CORPORATION
Bloomsburg, PA

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1, 402.2.1, 402.2.2, 402.2.6 [FI1][1]	Ceiling insulation R-value.	R-____ ☐ Wood ☐ Steel	R-____ ☐ Wood ☐ Steel	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
303.1.1.1, 303.2 [FI2][1]	Ceiling insulation installed per manufacturer's instructions. Blown insulation marked every 300 ft².			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.2.3 [FI22][2]	Vented attics with air permeable insulation include baffle adjacent to soffit and eave vents that extends over insulation.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.2.4 [FI3][1]	Attic access hatch and door insulation ≥R-value of the adjacent assembly.	R-____	R-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.1.2 [FI17][1]	Blower door test @ 50 Pa. <=5 ach in Climate Zones 1-2, and <=3 ach in Climate Zones 3-8.	ACH 50 =____	ACH 50 =____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.4 [FI4][1]	Duct tightness test result of <=4 cfm/100 ft2 across the system or <=3 cfm/100 ft2 without air handler @ 25 Pa. For rough-in tests, verification may need to occur during Framing Inspection.	____ cfm/100 ft²	____ cfm/100 ft²	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.3 [FI27][1]	Ducts are pressure tested to determine air leakage with either: Rough-in test: Total leakage measured with a pressure differential of 0.1 inch w.g. across the system including the manufacturer's air handler enclosure if installed at time of test. Postconstruction test: Total leakage measured with a pressure differential of 0.1 inch w.g. across the entire system including the manufacturer's air handler enclosure.	____ cfm/100 ft²	____ cfm/100 ft²	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.2.1 [FI24][1]	Air handler leakage designated by manufacturer at <=2% of design air flow.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.1.1 [FI9][2]	Programmable thermostats installed for control of primary heating and cooling systems and initially set by manufacturer to code specifications.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.1.2 [FI10][2]	Heat pump thermostat installed on heat pumps.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1 [FI11][2]	Circulating service hot water systems have automatic or accessible manual controls.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

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Date: 9/5/18
PFS CORPORATION
Bloomsburg, PA

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
403.6.1 [FI25][2]	All mechanical ventilation system fans not part of tested and listed HVAC equipment meet efficacy and air flow limits.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.2 [FI26][2]	Hot water boilers supplying heat through one- or two-pipe heating systems have outdoor setback control to lower boiler water temperature based on outdoor temperature.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1.1 [FI28][2]	Heated water circulation systems have a circulation pump. The system return pipe is a dedicated return pipe or a cold water supply pipe. Gravity and thermos-syphon circulation systems are not present. Controls for circulating hot water system pumps start the pump with signal for hot water demand within the occupancy. Controls automatically turn off the pump when water is in circulation loop is at set-point temperature and no demand for hot water exists.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1.2 [FI29][2]	Electric heat trace systems comply with IEEE 515.1 or UL 515. Controls automatically adjust the energy input to the heat tracing to maintain the desired water temperature in the piping.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.2 [FI30][2]	Water distribution systems that have recirculation pumps that pump water from a heated water supply pipe back to the heated water source through a cold water supply pipe have a demand recirculation water system. Pumps have controls that manage operation of the pump and limit the temperature of the water entering the cold water piping to 104ºF.	PFS REVIEW ONLY Date: 9/5/18 PFS CORPORATION Bloomsburg, PA		☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.4 [FI31][2]	Drain water heat recovery units tested in accordance with CSA B55.1. Potable water-side pressure loss of drain water heat recovery units < 3 psi for individual units connected to one or two showers. Potable water-side pressure loss of drain water heat recovery units < 2 psi for individual units connected to three or more showers.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
404.1 [FI6][1]	75% of lamps in permanent fixtures or 75% of permanent fixtures have high efficacy lamps. Does not apply to low-voltage lighting.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
404.1.1 [FI23][3]	Fuel gas lighting systems have no continuous pilot light.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
401.3 [FI7][2]	Compliance certificate posted.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
303.3 [FI18][3]	Manufacturer manuals for mechanical and water heating systems have been provided.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

PFS REVIEW ONLY

Date: 9/5/18

PFS CORPORATION

Bloomsburg, PA

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

2015 IECC Energy Efficiency Certificate

Insulation Rating	R-Value
Above-Grade Wall	21.00
Below-Grade Wall	0.00
Floor	19.00
Ceiling / Roof	38.00
Ductwork (unconditioned spaces):	_____

Glass & Door Rating	U-Factor	SHGC
Window	0.30	0.28
Door	0.25	0.22

Heating & Cooling Equipment	Efficiency
Heating System: _____	_____
Cooling System: _____	_____
Water Heater: _____	_____

Name: _____ **Date:** _____

Comments

PFS REVIEW ONLY

Date: 9/5/18

PFS CORPORATION

Bloomsburg, PA

JCR Engineering, LLC
915 Lacey Road
Forked River, N.J. 08731
Telephone: (609) 971-0745
Fax: (609) 971-0746

Hammer Type	Allied 4000 Series
Frequency, cycles/sec	35
Hammer Weight, lbs.	4900
Horsepower	40
Soil Loss Factor	0.008

Contractor: Amon Construction

JCR Engineering Job #: 18400.321

Vibratory Pile Driving - Load Testing Certification

Block 211.31 Lot 8 - Brick Township

203 Cartagena Drive

Pile No.	Butt Dia. (Inches)	Pile Length (Ft.)	Penetration (Ft.)	Time (Seconds)	Drop (Inches)	Rate (Ft. / Sec)	Pile Capacity Tons	Design Load Tons
1	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
2	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
3	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
4	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
5	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
6	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
7	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
8	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
9	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
10	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
11	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
12	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
13	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
14	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
15	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
16	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
17	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
18	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
19	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
20	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
21	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
22	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
23	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
24	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
25	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
26	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
27	12	16.0	15.0	5.0	1.0	0.0167	29.80	10
28	12	16.0	15.0	5.0	1.0	0.0167	29.80	10

* 01/31/17 OK FINAL - OR

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No. 1660-0008
Expiration Date: November 30, 2018

RWP# 180361

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name BRAVO BUILDERS		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 203 CARTAGENA DRIVE		Company NAIC Number:
City BRICK	State New Jersey	ZIP Code 08723

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT: 8 BLOCK: 211.31

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

A5. Latitude/Longitude: Lat. 40D 1' 10.8"N Long. 74D 4' 47.1"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 6

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) 1,011 sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 7

c) Total net area of flood openings in A8.b 1,400 sq in

d) Engineered flood openings? ☒ Yes ☐ No

A9. For a building with an attached garage:

a) Square footage of attached garage N/A sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A9.b N/A 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	New Jersey

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 0214	F	09/29/2006	SEPT. 29, 2006	AE	6.0'

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

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 203 CARTAGENA DRIVE			Policy Number:
City BRICK	State New Jersey	ZIP Code 08723	Company NAIC Number

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 3.27') Vertical Datum: NAVD 1988

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)	EF 4.1	☒ feet	☐ meters
b) Top of the next higher floor	FF 14.1	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	☒ feet	☐ meters
d) Attached garage (top of slab)	N/A	☒ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	HWH 9.1	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	3.6	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	3.9	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	3.3	☒ 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.*

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☒ Check here if attachments.

Certifier's Name RONALD W. POST	License Number 24GS02853400		Place Seal Here
Title LICENSED LAND SURVEYOR			
Company Name RONALD W. POST SURVEYING, INC.			
Address 1792 HINDS ROAD			
City TOMS RIVER	State New Jersey	ZIP Code 08753	
Signature	Date 04/24/2019	Telephone 732-255-9050	

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

Comments (including type of equipment and location, per C2(e), if applicable)

PRELIMINARY FIRM 01/30/2015 \ FLOOD ZONE AE 8'

(2) STORY FRAMED DWELLING ELEVATED ON PILINGS WITH PARKING & STORAGE BELOW

(7) SMART VENTS (MODEL#1540-570) IN ENCLOSURE @ 1400 SQIN \ TANKLESS HOT WATER HEATER @ EL=9.1

FURNACE @ EL=14.1 \ (2) A/C UNITS @ EL=13.8 \ CENTERLINE GLOBE (ELEC METER) @ EL=9.8

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 203 CARTAGENA DRIVE			Policy Number:
City BRICK	State New Jersey	ZIP Code 08723	Company NAIC Number

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 1–2 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 or Owner's Authorized Representative's Name
RONALD W. POST

Address	City	State	ZIP Code
1792 HINDS ROAD	TOMS RIVER	New Jersey	08753
Signature	Date	Telephone 732-255-9050	

Comments

☐ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 203 CARTAGENA DRIVE			Policy Number:
City BRICK	State New Jersey	ZIP Code 08723	Company NAIC Number

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 (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 203 CARTAGENA DRIVE			Policy Number:
City BRICK	State New Jersey	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.

Photo One

Photo One Caption FRONT VIEW 04/24/2019

Photo Two

Photo Two Caption REAR VIEW 04/24/2019

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 203 CARTAGENA DRIVE			Policy Number:
City BRICK	State New Jersey	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.

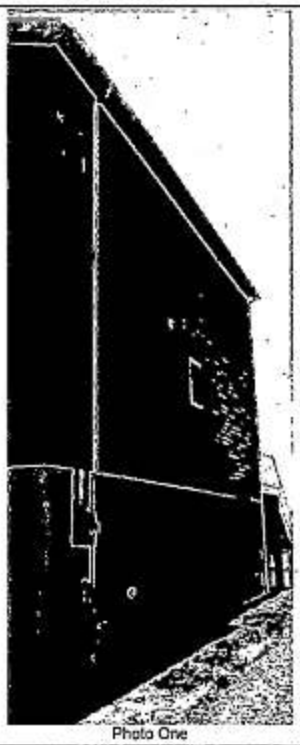


Photo One

Photo One Caption RIGHT SIDE VIEW 04/24/2019

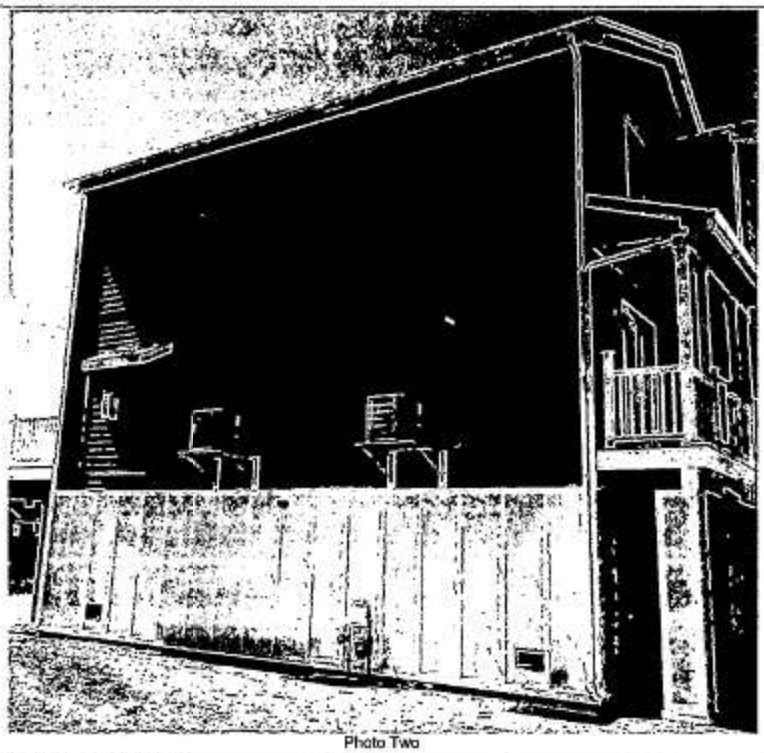
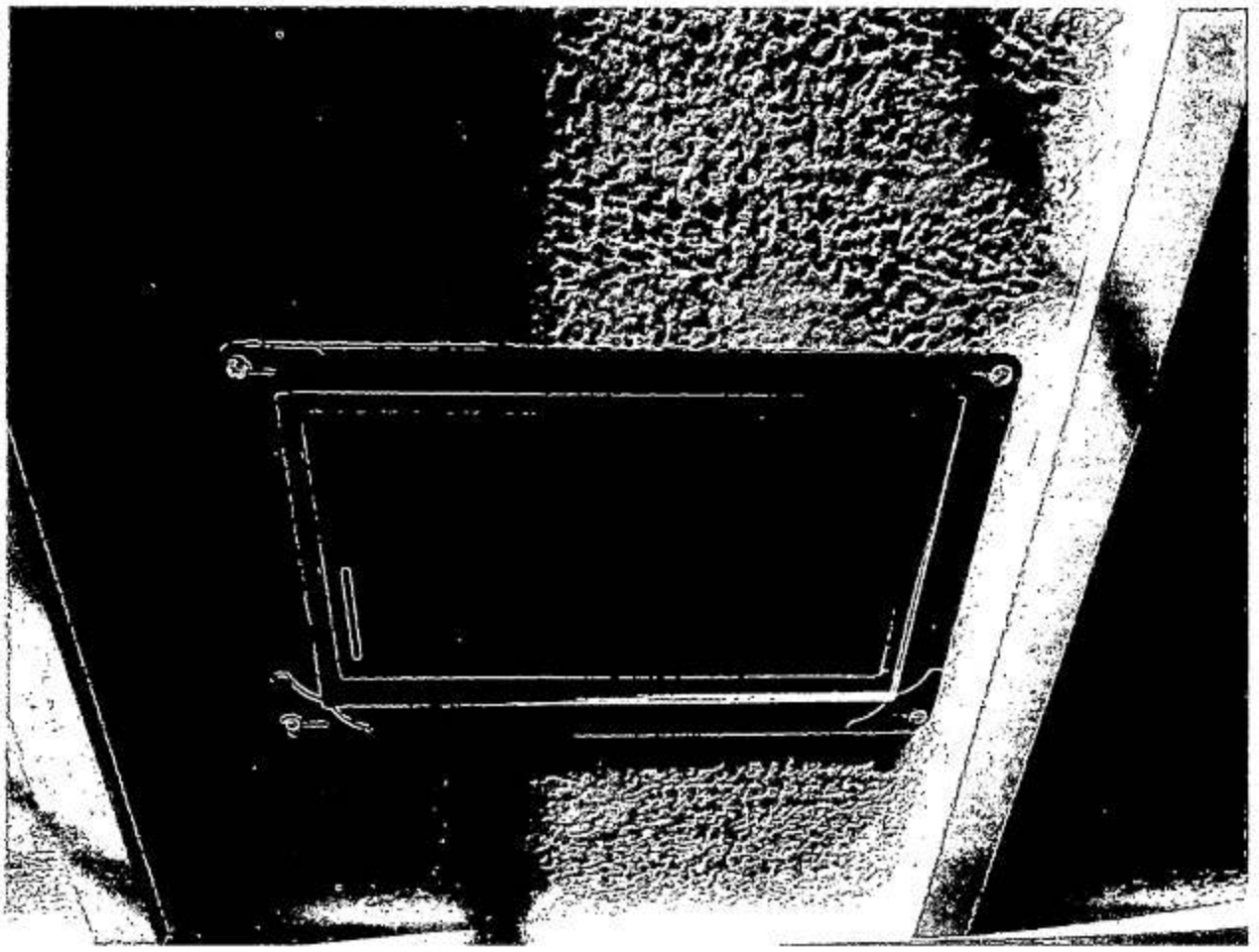


Photo Two

Photo Two Caption LEFT SIDE VIEW 04/24/2019



SMART VENT (MODEL#1540-570) 04/24/2019 (RWP 180361)

JCR Engineering, LLC
915 Lacey Road
Forked River, N.J. 08731
Telephone: (609) 971-0745
Fax: (609) 971-0746

Hammer Type	Allied 4000 Series
Frequency, cycles/sec	35
Hammer Weight, lbs.	4900
Horsepower	40
Soil Loss Factor	0.008

Contractor: Amon Construction

JCR Engineering Job #: 18400.321

Vibratory Pile Driving - Load Testing Certification

Block 211.31 Lot 8 - Brick Township

203 Cartagena Drive

Pile No.	Butt Dia. (Inches)	Pile Length (Ft.)	Penetration (Ft.)	Time (Seconds)	Drop (Inches)	Rate (Ft. / Sec)	Pile Capacity Tons	Design Load Tons
1	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
2	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
3	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
4	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
5	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
6	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
7	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
8	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
9	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
10	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
11	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
12	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
13	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
14	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
15	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
16	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
17	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
18	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
19	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
20	10	25.0	15.0	5.0	1.0	0.0167	29.80	10
21	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
22	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
23	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
24	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
25	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
26	12	25.0	15.0	5.0	1.0	0.0167	29.80	10
27	12	16.0	15.0	5.0	1.0	0.0167	29.80	10
28	12	16.0	15.0	5.0	1.0	0.0167	29.80	10

See Enclosed survey NSD

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: CH
PERMIT #: RW-1800385

BLOCK: 21.31 LOT: 8 ADDRESS: 203 CARTAGENA DRIVE BRICK

IDENTIFICATION:

1. WORK SITE ADDRESS: 203 CARTAGENA DR
2. NAME OF OWNER IN FEE: NICK & LISA TATAKIS
   ADDRESS: 420 WASHINGTON AVE PHONE [redacted]
   WASHINGTON TWSHP NJ FAX #
3. PRINCIPAL CONTRACTOR: BRAVO Builders
   ADDRESS 805 orchard Ave PHONE #: 908 723-2999
   Ft Pleasant Beach NJ 08742 FAX #: 732 899-3882
4. ARCHITECT OR ENGINEER: SAL Santoro Architecture
   ADDRESS 63 E County Line Rd Lakewood PHONE: # 732 370-9199
5. RESPONSIBLE PERSON FOR WORK: GABE BRAVO
   ADDRESS: Bravo Builders 805 Orchard Ave Ft Pleasant Beach
   PHONE #: (908) 723-2999 FAX #: (732) 899-3882 E-MAIL: Gabe@BravoBuilders.com

FEE SUMMARY:

APPLICATION FEE:	$ 200.00
REVIEW FEE:	$
INSPECTION FEE:	$
OTHER:	$
BOND(S):	$
TOTAL:	$ 200.00

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☑ DWELLING ☐ TREE REMOVAL
☐ OTHER New Modular Home

LENGTH: 34' WIDTH: 27' HEIGHT: 41.06'

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS:
DRAINAGE EASEMENTS: N A
UTILITY EASEMENTS: N A
CONSERVATION EASEMENTS: N A
FEMA REQUIREMENTS: ✓
D.E.P. PERMITS:
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER:
APPROVED DATE:

ENGINEERING REVIEW:

DATE RECEIVED: 10/5/18 DATE REJECTED: DATE APPROVED: 10/17/18 INITIALS: EEe

JCR Engineering, L.L.C.

Civil, Structural, Environmental and Consulting Engineers

Robert A. Woodcock, P.E., P.P.

915 Lacey Road
Forked River, New Jersey 08731
Tel: (609) 971-0745
Fax: (609) 971-0746
Email: rawoodcock@aol.com

December 6, 2018

Township of Brick
Construction Official
401 Chambersbridge Road
Brick, N.J. 08723

Re: Pile Certification
Block 211.31 Lot 8
203 Cartagena Drive
Brick Township, New Jersey

JCR Engineering Job # 18400.321

The purpose of this letter is to certify that this office observed the driving of piles at the above referenced location on November 29, 2018 and that the size and type of piles installed conform to the approved plans. The piles were also driven to a capacity which exceeds the minimum required design load for each pile.

An as-built survey shall be performed by a licensed surveyor to ensure that the piles were driven in the correct location.

The piles were driven with a vibratory compactor. The make and model of the compactor was an Allied 4000. The weight of the vibratory compactor was 4,900 lbs and was operated at 40 HP.

The calculated ultimate bearing capacity was based on an average penetration rate recorded over a 5 second interval during the last foot of penetration. A spreadsheet of the recorded penetration rates for each pile is attached.

Therefore, in accordance with the energy formula utilized in the calculations, the piles developed a minimum bearing capacity of greater than 29.80 tons. The design load for each of the 10 inch and 12 inch diameter piles is 10 tons.

Should you have any questions or require additional information, please do not hesitate to contact me at (609) 971-0745.

Very truly yours,

Robert A. Woodcock, P.E.
NJ License No. GE 38940

Brick To

hambers Bridge Road
Brick, NJ 08723
732-262-1030

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

ADDRESS

PERMIT NU

~~OWNER~~

Upon inspec
were in evid

CERTIFICATE OF COMPLIANCE

Date 5-17-10

NAME Nickolaos & Lisa Tatakis

ADDRESS 420 Washington Ave. Washington Twp. NJ 07882

PROPERTY LOCATION 203 Cartagena Dr.

Account No 5336804-0 Block 211.31 Lot 8

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.

PLEASE CA
APPROVAL

TANCE AND

DATE

For the Authority

Please

Sincerely,

Anthony Maltese, P.E., P.L.S., P.P.
Professional Engineer/License No. 42579

1/31/19 AM 04

* * * Communication Result Report (Feb. 19. 2019 2:42PM) * * *

1)
2)

Date/Time: Feb. 19. 2019 2:41PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3821	Memory TX	918889149140	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

Brick Township
Building Department (732) 262-1600

OWNER # 5415/6028

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 205 CARTAGENA DR UTILITY CO

Brick Township, NJ BLK 241.31 LOT 8

OWNER TOTAGS, MCHOLAGS & USA OCCUPANT TOTAGS, MCHOLAGS & USA

"Installation is the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY Temporary approval valid after ____ days

DESCRIPTION OF SERVICE 200 amp

INSTALLED BY MCGINNY ELECTRICAL CONTRACTOR LICENSE/REG. #

DATE 2/19/2019 PERMIT # 18-0385 INSPECTOR Thomas Olsen

☐ PAGED IN 2/19/2019 Lic. No. 5351

Brick Township
Building Department (732) 262-1030

DR\UR # 341586129

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 203 CARTAGENA DR. UTILITY CO

Brick Township, NJ BLK 211.31 LOT 8

OWNER TATAKSI, NICHOLAOS & LISA OCCUPANT TATAKSI, NICHOLAOS & LISA

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 200 amp

INSTALLED BY M GRAY ELECTRICAL CONTRACTOR LICENSE NO 9748

DATE 02/19/2019 PERMIT # 18-3188 INSPECTOR Thomas Olson

☐ FAXED IN 02/19/2019 Lic. No: 5151

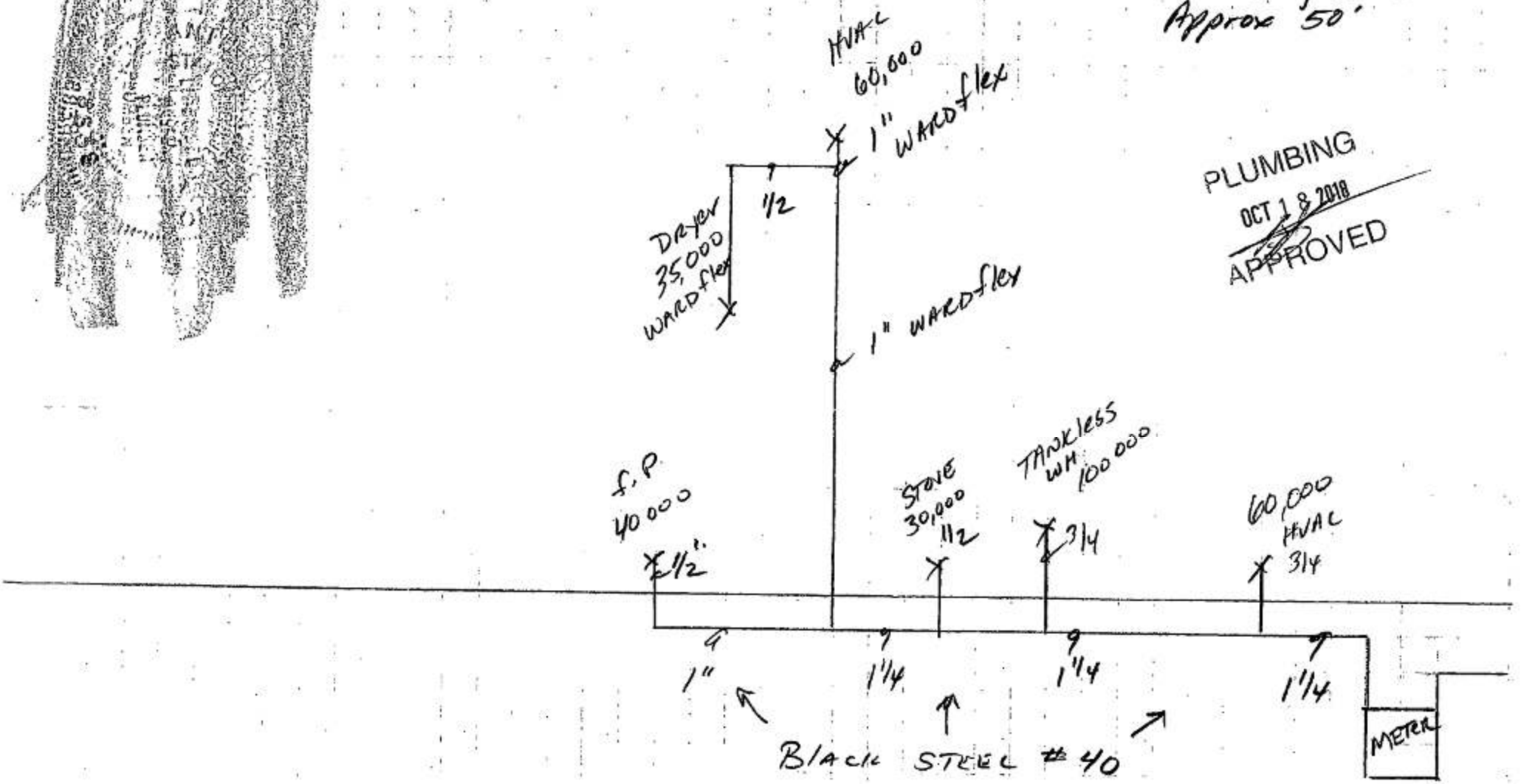
U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

DUFEK & MIGLIARO PLUMBING, INC.
170 REGINA AVENUE
RAHWAY, NJ 07065
908-862-7993
LIC. NO. 6838 & 9552
FED. EMP. NO. 223257613

GAS DIAGRAM

TOTAL Longest Run
Approx 50'

PLUMBING
OCT 18 2018
APPROVED



DUFEK & MIGLIARO PLUMBING, INC.
170 REGINA AVENUE
RAHWAY, NJ 07065
908-862-7993
LIC. NO. 8838 & 9552
FED. EMP. NO. 223257613

DWV & Water
For MODULAR HOME

PLUMBING
OCT 18 2018
APPROVED