BLOCK 23 LOT 6 QUALIFICATION CODE ______ ADDRESS (SITE) 18 Spring Ave PERMIT NO. 15-2471

CONSTRUCTION PERMIT APPLICATION

C15-000079

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

I. IDENTIFICATION

1. Proposed Work Site at: 18 Spring Avenue Brick NJ 08723

Andrew Kathleen Seeman

[redacted]

Address 18 Spring Ave Brick NJ (street) Ocean (municipality) 08723 (zip code)

3. Ownership in Fee: Public ______ Private X

4. Principal Contractor: Homeowner Tel. [redacted]

Address Andrew Kathleen Seeman e-mail

18 Spring Ave, Brick NJ 08723

License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______

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

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

5. Architect or Engineer MATRIX NewWorld Engineering Contact [redacted]

Address 442 Rt 35, Eatontown, NJ e-mail

Tel. (732) 588-2999 FAX: (973) [redacted]

[redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 1,120	150	
2.	Electrical	360		
3.	Plumbing	300		
4.	Fire Protection	112		
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	92		
10.	Subtotal	$		
11.	Cert. of Occupancy	213		
12.	Other SP	150	150	
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 2
2. Height of Structure 23 3/4 / Grade 35 3/4 ft.
3. Area — Largest Floor 374 sq. ft.
4. New Building Area 1679 sq. ft.
5. Volume of New Structure 24,892 cu. ft.
6. Max. Live Load 40 psf
7. Max. Occupancy Load 29 occupants
8. If Industrialized Building: State Approved ______ HUD ______
9. Total Land Area Disturbed 4656 sq. ft.
10. Flood Hazard Zone AE
11. Base Flood Elevation 8 ft.
12. Wetlands yes X no ______

FLOOD ZONE

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) 4-7-17

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	120,000		1/9/15	05 08 15			7/7/15		
☑ Electrical	12,535			3-18-15			7/1/15		
☑ Plumbing	16,000			2-25-15	7-10-15				
☑ Fire Protection	1100.00								
☐ Elevator			1/22/15	1/22/15	2/4/15				
TOTAL COST	159535.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: Residential
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

PLANS Rolled

(NP)

PERMIT AE 8.0

U.C.C. F100-1 (rev. 8/08)

ELECTRICAL SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR ONLY

Date Received 7/26/18
Control #
Date Issued
Permit # 15-24771

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

Block 72 Lot 6 Qualification Code

Work Site Location 18 Spring Avenue Brick NJ 08723

Owner in Fee: Andrew + Kathleen Seeman

Tel. [redacted] e-mail [redacted]

Address 18 Spring Avenue Brick NJ 08723
street municipality zip code

Contractor: Central Electric Inc Tel. (732) 691-2295

Address 335 Stimson Rd e-mail
Brick NJ 08723

Contractor License No. 12952 Exp. Date 9-14-21

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

Federal Emp. ID No. 223296693 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present R1 Proposed R1

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
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

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: Robert Ammerman

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Change of Contractor

QTY	SIZE	ITEMS	FEE (Office Use Only)
18		Lighting Fixtures	
56		Receptacles	
18		Switches	
5		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
1		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
	1	KW Dishwasher	
		HP Garbage Disposal	
	3	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	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Boiler Combo	

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

CHANGE OF CONTRACTOR ONLY

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/26/18
Control #

Date Issued
Permit # 15-2471

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

Block 73 Lot 6 Qualification Code ______

Work Site Location 10 Spring Avenue

Owner in Fee: [illegible]

Tel. (732) 914-8575 e-mail [illegible]

Address [illegible]

Contractor: Andrew's Plumbing + Heating LLC (street / municipality / zip code) Tel. (732) 241-5272

Address 249 Still Valley Road Bloomsbury NJ 08804 e-mail ______

Contractor License No. 12146 Exp. Date 8/19

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

Federal Emp. ID No. 20-1090975 FAX: ( ) ______

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed ______

Building Sewer Size ______ Public Sewer ______ Private Septic ______

Water Service Size ______ Public Water ______ Private Well ______

Est. Cost of Plumbing Work $ ______

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: ______

Approved by: ______

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Dates (Month/Day)

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: [signature]

Print name here: Andrew Ciarrozzi

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK NEW Construction
Change of Contractor

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 ______	

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR ONLY

Date Received 7/26/18
Control #
Date Issued
Permit # 15-2471

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

Block 73 Lot 6 Qualification Code

Work Site Location 15 SPRING AVENUE
Bank NJ 08723

Owner in Fee: Arthur + Kathleen Comus

Tel [redacted]

Address 15 SPRING AVENUE Bank NJ 08723

Contractor: Capital electric Co Inc Tel. (732) 681-2295
(street, municipality, zip code)

Address 335 Stiles Rd e-mail
Bank NJ 08723

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Robert D

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Change of Contractor

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[5] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5	
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 [X] Gas [ ] Oil [ ] Solid	4	
Fireplace Venting/Metal Chimney		
Other		

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

FOUNDATION LOCATION

DATE: 11/21/17

BLOCK: 73 LOT: 6

ADDRESS: 18 Spring Ave.

CONTACT PERSON: Kathleen

PHONE #: (732) 814-8575

SFD

PASSED: 11/21/17 MCK - Also checked w/ Chris R. - Zoning - O.K. House shifted ~ 6+ ft.

FAILED:

COMMENTS: Inspection on 11/30/17 L/M on 11/21/17

PLEASE GIVE TO INSPECTION DESK TO SCHEDULE INSPECTION.

THANK YOU

For office use only

Intake Clerk: _____

CONSTRUCTION PERMIT

Date Issued 4/9/15
Control # C-15-000079
Permit #

IDENTIFICATION Block: 73 Lot: 6 Qualifier
Work Site Location: 18 SPRING AVE. Brick Township, NJ
Owner in Fee SEEMAR, ANDREW & KATHLEEN E
18 SPRING AVE BRICK NJ 08723
Telephone: [redacted]

Contractor SEEMAR, ANDREW & KATHLEEN E
Address 18 SPRING AVE BRICK NJ 08723
Telephone: (732) 477-7707
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SINGLE FAMILY DWELLING

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

Estimated Cost of Work $149,035

Construction Official [signature] Date 4/17/15

PAYMENTS (Office Use Only)

Building	$1,120
Electrical	$360
Plumbing	$800
Fire Protection	$350
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$92
CO Fee	$263.00
Other	$150
Total	$3,135
Check No.	3410
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

PERMIT UPDATE

Date Update Issued 4/18/17
Control # C-15-000079+A
Permit # 15-2471+A

IDENTIFICATION Block: 73 Lot: 6 Qualifier
Work Site Location: 18 SPRING AVE. Brick Township, NJ
Owner in Fee: SEEMAR, ANDREW & KATHLEEN E
18 SPRING AVE BRICK NJ 08723
Telephone: (732) 477-7707

Contractor: SEEMAR, ANDREW & KATHLEEN E
Address: 18 SPRING AVE BRICK NJ 08723
Telephone: (732) 477-7707
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] 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 - REVISION TO PILING PLANS

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 $100

Construction Official

Date 4/18/17

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$150
Check No.	777
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

update 2/27/17

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/11/17
Control #

Date Issued
Permit # 15-3411A

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

Block [illegible] Lot 13 Qualification Code ______

Work Site Location [illegible]

[redacted] e-mail [illegible]

Address [illegible] (street) [illegible] (municipality) [illegible] (zip code)

Contractor: Self Tel. ( ) ______

Address [illegible] e-mail ______

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

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

Federal Emp. ID No. ______ FAX: ( ) ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	[illegible]	[illegible]
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: [illegible]
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors ______ sq. ft.
Volume of New Structure ______ cu. ft.
Max. Live Load ______
Max. Occupancy Load ______

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

filing plan changes in size of landing used trusses rather than wire.

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 $ ______

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/ [illegible]
Control #

Date Issued
Permit # [illegible]

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

Block 73 Lot 6 Qualification Code ______

Work Site Location 15 Spring Avenue [illegible] NJ 08723

Owner in Fee: [illegible]

Tel. (732) 477-7707 e-mail [illegible]

Address [illegible] Spring Avenue [illegible] 08723
street municipality zip code

Contractor: [illegible] Tel. (732) [illegible]

Address [illegible] e-mail ______

[illegible] NJ 08724

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): 13448

Federal Emp. ID No. ______ FAX: (____) ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ______ Proposed ______

Constr. Class: Present ______ Proposed ______

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location: ______

Total Cost of Fire Protection Work $ 500.00

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: [illegible] Approved by: [illegible]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: [illegible]
Approved by: [illegible]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

(Failure, Failure, Approval and Initial are Dates (Month/Day).)

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: [signature]

Print name here: [illegible]

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source ______
Method of Alarm/Suppression System Supervision ______

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[5] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5	
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 [X] Gas [ ] Oil [ ] Solid	[illegible]	84
Fireplace Venting/Metal Chimney		
Other		

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 7/25/15

Date Issued / Permit # 15-2471

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

Block 12 Lot 16 Qualification Code

Work Site Location 15 Sparrow Ave Brick, NJ 08723

Owner in Fee: Kathleen Scanlon + Matthew Scanlon

[redacted] e-mail

Address same as above
street municipality zip code

Contractor: Neil Brooks Plumbing Heating Cooling Inc. Tel. (732) 363-4373

Address 14 South Hope Chapel Road e-mail neilbrooksphc@aol.com

Jackson, NJ 08527

Contractor License No. 8551 Exp. Date 6/15

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

Federal Emp. ID No. 223458402 FAX: (732) 901-7938

B. PLUMBING CHARACTERISTICS

Use Group Present R Proposed R

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 1" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 16,000

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: 7-25-15
Approved by:

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

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

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: Neil Brooks

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Plumbing & Gas New Construction Sewer & Water

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
2	Lavatory	
1	Shower	
	Floor Drain	
2	Sink laundry & kitchen	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
3	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
4	Gas Piping Combi Boiler, Stove, Dryer	
	LPGas Tank	
	Steam Boiler fireplace	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
3	Stacks	
1	Other Frost Water Meter	
21	a/c	

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

U.C.C F130 (rev. 12/07) 1. White = Inspector Copy 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 23 Lot 6 Qualification Code _____

Work Site Location 18 Spring Avenue & Grant Ave 23

Owner in Fee: Southern Southern Spring

Tel. ( ) _____ e-mail _____

Address 18 Spring Ave Ocean City NJ 08226
street municipality zip code

Contractor: South Jersey Electric Tel. (609) 214-3444

Address _____ e-mail _____

Contractor License No. 13487 Exp. Date 3/15

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

Federal Emp. ID No. _____ FAX: ( ) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: 2/11/15 Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
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

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:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
13		Lighting Fixtures	
56		Receptacles	
19		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
1		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 765.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	N/120.00
		HP Garbage Disposal	
3		KW Central A/C Unit	
3		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	120.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Under Counter	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

Uploaded

RECEIVING CLERK LH
DATE REC'D 6/18/15

ZONING PERMIT APPLICATION

PERMIT # ZP-15-00928
DATE ISSUED 7/25/15

BLOCK: 73 LOT: 6 QUALIFIER: SITE ADDRESS: 18 Spring Avenue Brick, NJ 08723

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Andrew and Kathleen Seemar
   COMPLETE ADDRESS: 18 Spring Avenue Brick NJ 08723
   PHONE [redacted]

2. NAME OF APPLICANT: Andrew + Kathleen Seemar
   APPLICANT ADDRESS: 18 Spring Avenue Brick NJ 08723
   PHONE # [redacted]

3. RESPONSIBLE PERSON FOR WORK: Andrew + Kathleen Seemar
   PHONE# [redacted]

4. SIGNATURE OF APPLICANT: Kathleen Seemar

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

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

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

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

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: 14' (*IF APPLICABLE)

OTHER

DESCRIPTION: *Changing height from 12' to 14'

ZONING REVIEW:
DATE REVIEWED: 6-29-15 DATE DENIED: DATE APPROVED: 6-29-15 INTLS:

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 7/25/15
Application Number: ZA-15-00776
Application Date: 06/19/2015
Project Number:
Permit Number: ZP-15-00928
Fee: $50

Zoning Permit

Worksite Location: **18 SPRING AVE.** **Brick Township, NJ**

Block: **73**
Lot: **6**
Qualifier:
Zone: **R-10**

Owner: **SEEMAR, ANDREW & KATHLEEN E**
Address: **18 SPRING AVE**
BRICK, NJ 08723

Applicant: **SEEMAR, ANDREW & KATHLEEN E**
Address: **18 SPRING AVE**
BRICK, NJ 08723

Application Approved Date: 06/19/2015

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

Use is: Single-Family Residential
Nonconforming Use is:

Work Description:
Rehabilitation - Increase to the finished floor elevation. The height is now 35.36' to the peak based on the NAVD 88 Datum.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Office of Zoning — 06/19/2015 Date

Michael P. Fowler, Twp. Planner — 6/22/15 **Date**

Receipt

Payment Date 07/25/2015

Transaction # PMT-15-06227

Receipt #

Issued To KATHLEEN SEEMAR

Description
Preliminary AH fee $67
Block 73 Lot 6
18 Spring Ave

Date Printed 07/25/2015

Check Number 3297

Cash	$0.00
Check	$61.00
Charge	$0.00
Total Paid	$61.00

RECEIVING CLERK NLO
DATE REC'D 11/9/15

ZONING PERMIT APPLICATION

PERMIT # 7/25/15
DATE ISSUED CP-15-00927

BLOCK: 73 LOT: 6 QUALIFIER: — SITE ADDRESS: 18 Spring Avenue, Brick

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Andrew + Kathleen Seemar
   COMPLETE ADDRESS: 18 Spring Avenue
   Brick, NJ 08723
   PHONE [redacted]
2. NAME OF APPLICANT: Andrew + Kathleen Seemar
   APPLICANT ADDRESS: 18 Spring Avenue
   Brick, NJ 08723
   PHONE [redacted]
3. RESPONSIBLE PERSON FOR WORK: Andrew + Kathleen Seemar
   PHONE [redacted]
4. SIGNATURE OF APPLICANT: [signature] A + K Seemar

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $
TOTAL: $ 50

REQUIRED BY APPLICANT

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

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

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

POOL: ABOVE GROUND ___ IN GROUND ___ FENCE: HEIGHT ___ TYPE ___ MATERIAL ___
HEIGHT: 23' 3 3/4 (*IF APPLICABLE)

OTHER

DESCRIPTION: New home with decks A/C platform

ZONING REVIEW:
DATE REVIEWED: 1-12-15 DATE DENIED: ___ DATE APPROVED: 1-12-15 INTLS: [signature]

(SEE BACK PAGE)

COAH Fee

Council on Affordable Housing (COAH) Fee

Block: 73 Lot: 6 18 SPRING AVE.

General | Fees | Payments

General

Date: 01/13/2015 Application Type: Residential ... Application Number: ZA-15-00022

Values

Sq. Ft.:	111
Cost / Sq. Ft.:	120
Estimated Assessed Value:	13,320
Actual Assessed Value:	
Equalized Value:	
Land Value:	

- ( ) Use Cost / Sq. Ft. for Calculation
- (•) Use % of Assessed Value for Calculation

Contributions

Initial % Due:	0.5
% Required:	1
Estimated Contribution Fee:	133.2
Actual Contribution Fee:	0

- (•) Use Estimated Fee for Payment Due
- ( ) Use Actual Fee for Payment Due

Notes

Prelim Fees Due $67.00, Storm Damaged Dwelling 1563 SF- Replacement Dwelling 1674 SF

OK Cancel

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KES

PERMIT #: _____

BLOCK: 73 LOT: 6 ADDRESS: 18 Spring Avenue, Beach, NJ 08783

IDENTIFICATION:

1. WORK SITE ADDRESS: 18 Spring Avenue, Beach NJ
2. NAME OF OWNER IN FEE: Andrew + Kathleen Seemar

ADDRESS: [redacted]

3. PRINCIPAL CONTRACTOR: Andrew + Kathleen Seemar

ADDRESS: 18 Spring Ave PHONE [redacted]

Beach, NJ 08783 FAX # [redacted]

4. ARCHITECT OR ENGINEER: Matrix New World Engineering

ADDRESS: 443 State Rt 35, 2nd Floor PH [redacted]

Eatontown, NJ 07724

5. RESPONSIBLE PERSON FOR WORK: Andrew + Kathleen Seemar

ADDRESS: 18 Spring Avenue, Beach, NJ 08783

PHONE [redacted]

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ N/A

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW: updated FF elev. to 14.00 only

DATE RECEIVED: 6/27/15 DATE REJECTED: _____ DATE APPROVED: 6/27/15 INITIALS: KAS

TOWNSHIP OF BRICK

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

Department of Land Use and Community
Development-Engineering Department

732-262-1040
Fax: 732-262-2941

mkaczka@twp.brick.nj.us
www.twp.brick.nj.us

February 15, 2013

Andrew & Kathleen Seemar
18 Spring Avenue
Brick, NJ 08723

Re: Substantially Damaged Structure Determination
18 Spring Avenue
Block 73; Lot 6

Dear Andrew & Kathleen Seemar:

The Engineering Department has reviewed the Super-Storm Sandy Substantially Damaged Worksheet as provided for the above referenced property.

Your estimated cost of repair is $ 93,170, based upon the insurance estimates you provided.

The fair market value of the structure is estimated to be $ 135,701.

In accordance with FEMA regulations 44 CFR 60.0, the structure does meet the definition of substantially damaged. As a result, you will be required to retrofit the structure to be FEMA compliant in conjunction with your repairs.

If you should have any questions, comments or require any additional information, please do not hesitate to contact me. My email address is jmele@twp.brick.nj.us or by phone at 732.262.1040.

Sincerely,

John M. Mele, P.E.
Township Engineer

Cc: Daniel Newman, Construction Official

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: CM
PERMIT #: BLN-15-00021

BLOCK: 73 LOT: 6 ADDRESS: 18 Spring Avenue, Brick

IDENTIFICATION:

1. WORK SITE ADDRESS: 18 Spring Avenue
2. NAME OF OWNER IN FEE: Andrew & Kathleen Seeman
   ADDRESS: 18 Spring Ave, Brick PHONE # [redacted]
   NJ 08723 FAX #: [redacted]
3. PRINCIPAL CONTRACTOR: Andrew Kathleen Seeman
   ADDRESS: Same PHONE #: [redacted]
   FAX #: [redacted]
4. ARCHITECT OR ENGINEER: Nettis Newworld Engineering Inc.
   ADDRESS: 442 Rte. 35, Eatontown 07724 PHONE: # (732) 583-2999
5. RESPONSIBLE PERSON FOR WORK: Andrew Kathleen Seeman
   ADDRESS: 18 Spring Ave. Brick
   PHONE #: [redacted]

FEE SUMMARY:

APPLICATION FEE:	$ 150.00
REVIEW FEE:	$
INSPECTION FEE:	$
OTHER _____:	$
BOND(S):	$
TOTAL:	$ 150.00

PD-PLUM A-C-BLD ELEC

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER New Home Constructed
LENGTH: 50' WIDTH: 28' HEIGHT: 23 3/4

SPECIAL CONDITIONS:

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

ENGINEERING REVIEW: Updated Plot Plan 6/27/15

DATE RECEIVED: 11/22/15 DATE REJECTED: 1/22/15 DATE APPROVED: 2/24/15 INITIALS: KBS

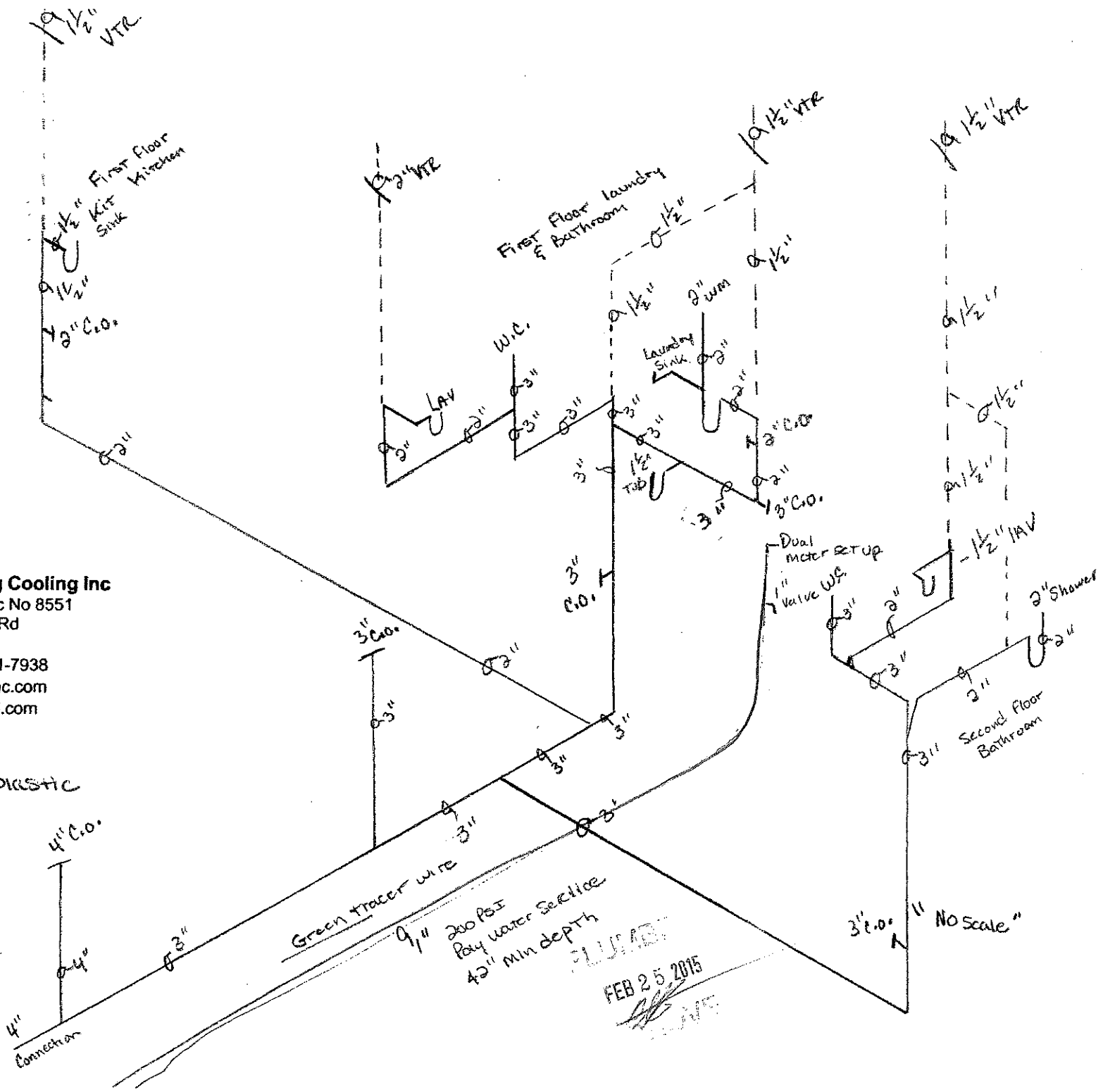
Work Site *
- Andrew Seemar
- Kathleen Seemar
18 Spring Avenue
Brick NJ 08723

Block: 73
Lot: 6

Proposed New Construction

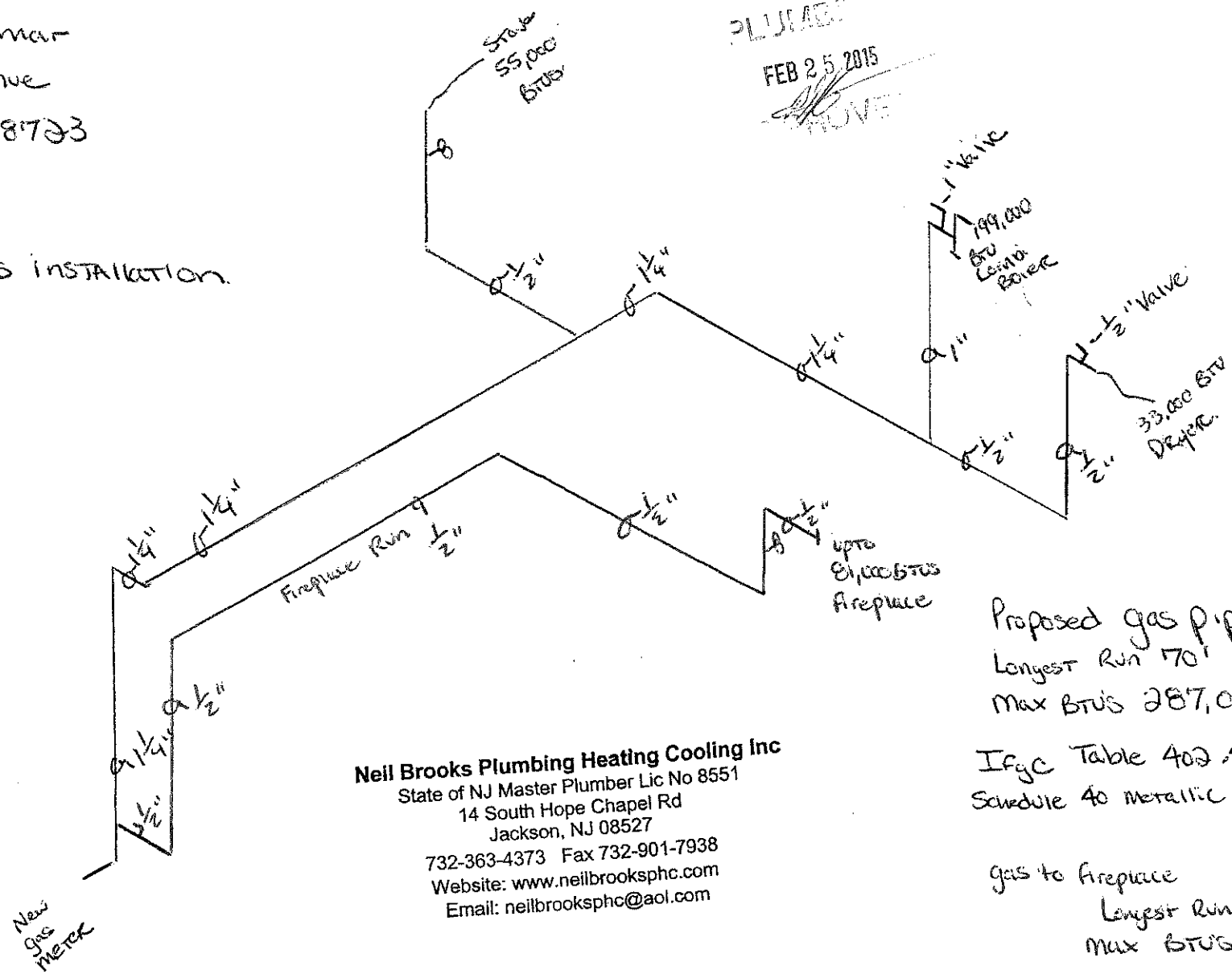
Neil Brooks Plumbing Heating Cooling Inc
State of NJ Master Plumber Lic No 8551
14 South Hope Chapel Rd
Jackson, NJ 08527
732-363-4373 Fax 732-901-7938
Website: www.neilbrooksphc.com
Email: neilbrooksphc@aol.com

Water pipes to be pex plastic
Drains PVC



Work Site:
Andrew Seeman
Kathleen Seeman
18 Spring Avenue
Brick NJ 08723
Block: 73
Lot: 6
Proposed Gas Installation

PLUMBER
FEB 25 2015
APPROVED



Neil Brooks Plumbing Heating Cooling Inc
State of NJ Master Plumber Lic No 8551
14 South Hope Chapel Rd
Jackson, NJ 08527
732-363-4373 Fax 732-901-7938
Website: www.neilbrooksphc.com
Email: neilbrooksphc@aol.com

Proposed gas pipe
Longest Run 170'
Max BTUs 287,000

Ifgc Table 402.4(2)
Schedule 40 metallic pipe

gas to Fireplace
Longest Run 35Ft
Max BTUs 81,000k

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 73 LOT 6 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 18 Spring Ave, Brick, NJ 08723

Owner in Fee Kathleen Seemeur

Verifying Individual Neil Brooks Company **Neil Brooks Plumbing Heating Cooling Inc**
State of NJ Master Plumber Lic No 8551

Address _____ 14 South Hope Chapel Rd Jackson, NJ 08527
Street City State Zip Code

Tel: (____) _____ Fax: (732-363-4373 Fax 732-901-7938
Website: www.neilbrooksphc.com
Email: neilbrooksphc@aol.com

Check the Appropriate Box(es):

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas to Oil Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney: **Size** _____

[ ] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

[ ] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	_____	Oil / Gas / Other: _____	_____
Appliance 2:	_____	Oil / Gas / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____
Signature Date

Direct Vent Appliance: No Chimney

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ OCT 1
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

Design Indoor Cooling Temp. : 75 °F

Design Outdoor Cooling Temp. : 90 ° F

Temp. Difference Cooling :15°F

Indoor Humidity: 50 Grains difference: 30

seemar

Area: Long Branch, NJ

Front Door Orientation North East

Design Indoor Heating Temp. : 70 ° F

Design Outdoor Heating Temp. : 13 ° F

Temp. Difference Heating :57° F

Whole House Load Calculator

TD:Cool:15°F Heat:57°F	Sq. ft. - types 1 and 2	shading	Sq. ft.- types 1 and 2	shading	Sq. ft.- types 1 and 2		Sq. ft.
Outside Wall: North	1: 400 2:	Windows x	1: 350 2:	Glass Doors x	1: 150 2:	Doors	24
Outside Wall: South	1: 400 2:	Windows	1: 2:	Glass Doors	1: 2:	Doors	
Outside Wall: E & W	1: 1600 2:	Windows	1: 2:	Glass Doors	1: 2:	Doors	
Outside Wall: NE& NW	1: 2:	Windows x	1: 2:	Glass Doors x	1: 2:	Doors	
Outside Wall: SE& SW	1: 2:	Windows	1: 2:	Glass Doors	1: 2:	Doors	
Sky Lights	N: 18 S:	E-W:	NE-NW:	SE-SW:			
Floor - (linear ft. if slab)	1: 2:	Basement	Walls-above grade:	below grade:	sq. ft.		
Ceiling	1: 1400 2:	Basement	Floor –	width 23ft. or	feet below grade:	2 ft.	
Number of Appliances	6						
Number of People	6	Fresh air	recommended: 10cfm →	CFM			

Conditioned - Sq. ft.:	Cubic. Ft.:	Construction:	Duct system:		
1400	22400	very tigh	crawlspa	R-8	very tigh

Calculate Load	Total Btu's Cooling	Sensible Load	Latent Load	Total Btu's Heating
	25117	23131	1986	27369

Btu breakdown

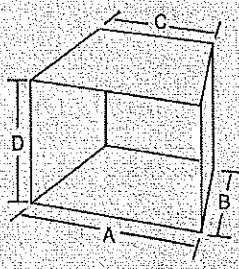
	Sensible	Latent	Heating
walls	1027		5133
windows	6300		8778
ceilings	1711		3751
doors	175		383
floors	0		0
appliances	7200		
people	1380	1200	
glass doors	1650		3762
skylights	2556		616
basement walls	0		0
basement floor	0		0
infiltration	493	609	3745
fresh air	0	0	0
duct load	640	177	1202
Totals	23131	1986	27369

Structure types

Outside Walls 1: Siding or Stucco R21 insulation w/R6 board
Outside Walls 2:
Windows 1: Low E or triple pane no internal shade
Windows 2:
Glass Dloors 1: triple pane slider - blinds
Glass Doors 2:
Floors 1: open crawl or garage R-21 insulation
Floor 2:
Ceiling 1: Ceiling under roof joists R-21
Ceiling 2:
Doors: Wood solid with storm
Skylights: skylight Low E or triple pane flat
Basement Walls:
Basement Floor:
Win ht.: 5' 0" Overhang: 1.5' Top to overhang: 2'

VDY Duzy Vented Gas Log Sets

Model	Log Size	Fuel Type	Manual Control Minimum Hearth Area A	B	C	D	Millivolt Control Minimum Hearth Area A	B	C	D	BTU/Hr	Radiant Heat Output
VDY24	24"	NG	26"	13-1/2"	17"	16"	26"	13-1/2"	18"	16"	50,000	15,000
VDY24	24"	LP	26"	13-1/2"	17"	16"	26"	13-1/2"	18"	16"	50,000	15,000
VDY30	30"	NG	32"	13-1/2"	23"	16"	32"	13-1/2"	24"	16"	65,000	17,000
VDY30	30"	LP	32"	13-1/2"	23"	16"	32"	13-1/2"	24"	16"	65,000	17,000




Duzy 2


Duzy 3


Duzy 4

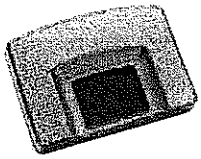

Duzy 5

Standard Features

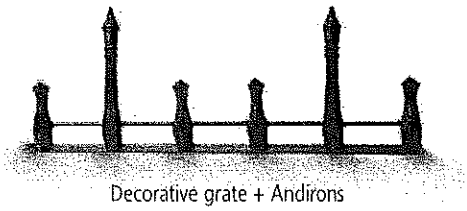
- Lifetime Warranty on stainless steel burner base and logs.
- Four log styles - Duzy 2, Duzy 3, Duzy 4 and Duzy 5 (24" and 30" log sizes).
- Two control types - Manual with safety pilot and Millivolt with safety pilot
- Patented "Natural Flame™" STAINLESS STEEL burner system with outstanding flame realism.

- Clean burning design for both natural and LP gas.
- All components including the burner, grate and control are factory assembled, leak tested for reliability and ease of installation.
- Engineered design prevents heat stress to controls.
- Unique 24/18" design fits the contour and shape of even the most narrow back manufactured wood burning fireplaces.
- Matchless piezo ignition for quick easy lighting.
- UPS shippable.

Optional Accessories



See our Ambient Technologies® catalog for a complete line of remotes.

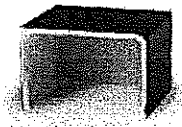


Decorative grate + Andirons

Cinders

Ember remote receiver cover

Decorative fiber ember kit



Metal insulated remote receiver cover

MADE IN U.S.A.

AHRI MEMBER

ENERGUIDE

LIMITED LIFETIME WARRANTY

Monessen

A Brand of Monessen Hearth Systems Co.
149 Cleveland Drive, Paris, Kentucky 40361
www.monessenhearth.com

Your Monessen Dealer:

Ver.01 MON9908

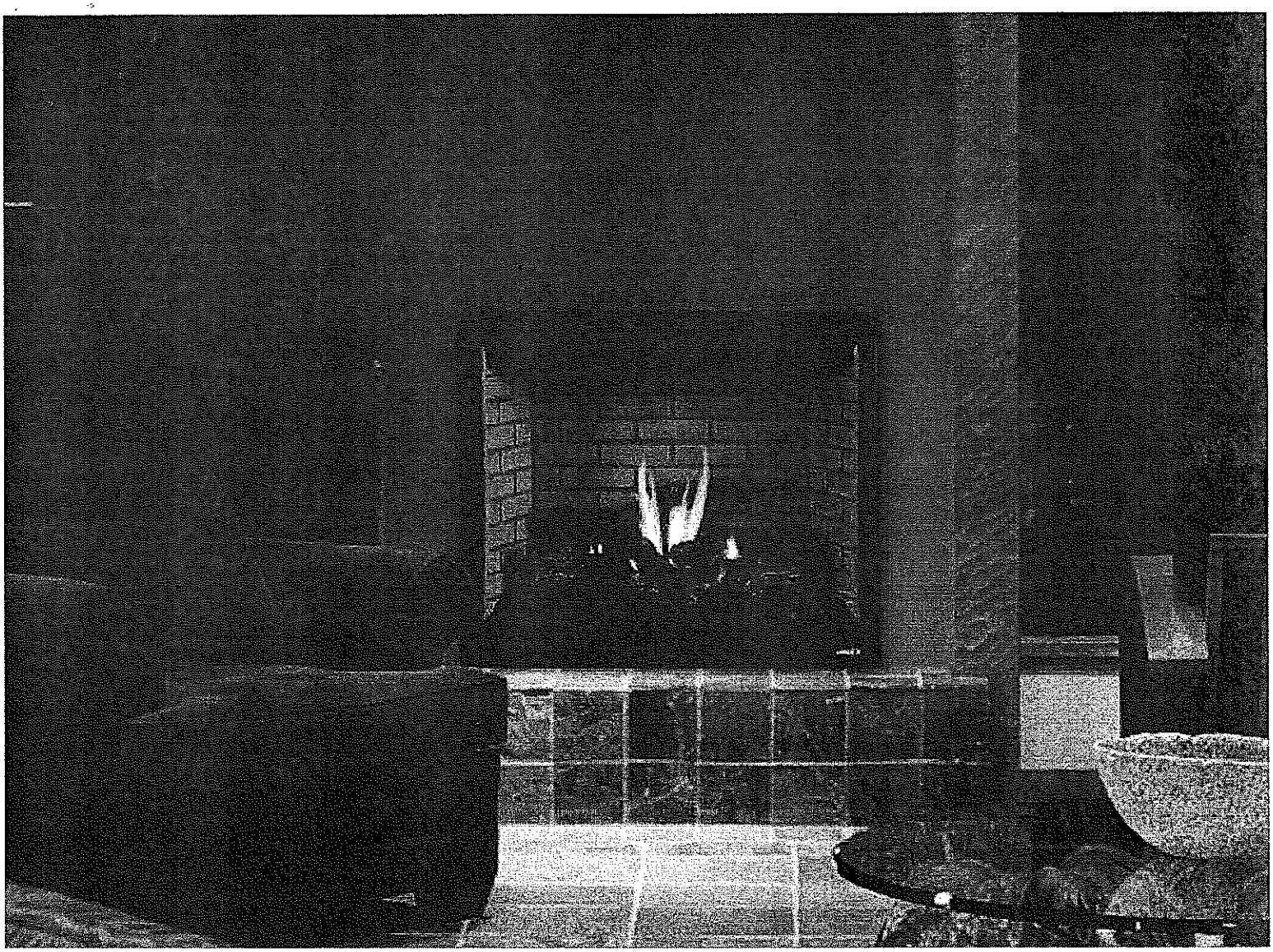
MERIT® SERIES DIRECT-VENT GAS FIREPLACES

***MLDVT-35** shown with standard black interior*

True louverless design with striking fire presentation, delivers style and ambiance while helping reduce energy costs.

LENNOX®
HEARTH PRODUCTS

MERIT® SERIES



MLDVT-40 *shown with Buff Rustic ceramic brick refractory liner.*

The Merit® Series louverless direct-vent (MLDVT) gas fireplaces deliver the clean, elegant presentation of a true louverless design. Inside, the highly efficient fireplaces produces tall, dramatic flames and a warm ember glow at a very low BTU/hr rate, reducing fuel consumption and costs without sacrificing fire quality. To complement, the MLDVT boasts an expansive glass viewing area that offers a front-row seat to the cozy entertainment. Available in four sizes, the luxury and style of a louverless fireplace makes the MLDVT an efficient and affordable option.

STANDARD FEATURES

Striking fire presentation at a very low BTU/hr rate saves energy costs without sacrificing quality.

Louverless design delivers a clean, traditional masonry look that is quick and easy to install.

Expansive viewing area presents the fire in the most dramatic and impressive way.

Highly detailed logs replicate the natural appearance of delicately placed wood.

Wrought iron grate.

Flex gas line connector with shut-off valve.

Choose from Millivolt or energy saving battery backed up intermittent pilot ignition. All models have hi/lo flame and heat control and will work during a power outage.

Available in 30", 35", 40" and 45" sizes.

Uses Secure Vent® rigid and Secure Flex® direct-vent systems to considerably reduce installation time and costs.

OPTIONAL ACCESSORIES

❶ Fixed-screen panels.***

❷ Ceramic brick liners in Buff Rustic, Red Rustic and Buff Herringbone.

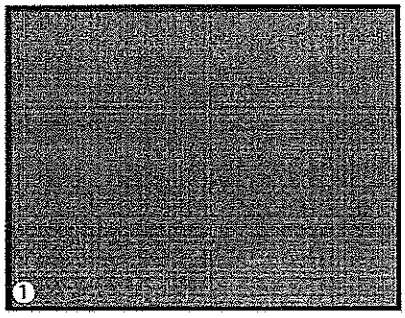
❸ Stye view door.

❹ Choice of remotes and wall mounted controls.

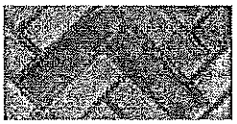
Blower kits—including variable speed control version.

***Provide a barrier to prevent direct contact with hot glass surface.

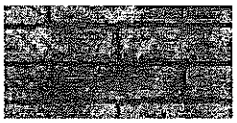
Beautifully detailed logs, dramatic fire presentation and Red Rustic brick liner on 40" and 45" models



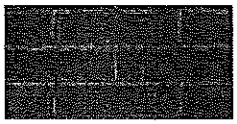
❶ *Screen panel kit*



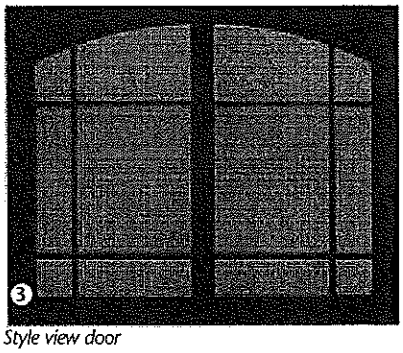
Buff Herringbone



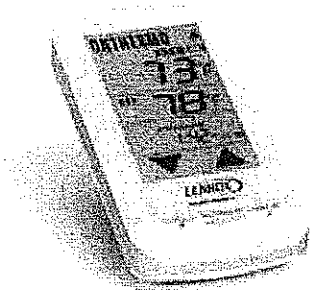
Buff Rustic



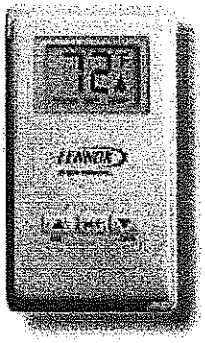
❷ *Red Rustic*



❸ *Style view door*



❹ *Deluxe and standard remote controls*



Thermostat Wall Controls

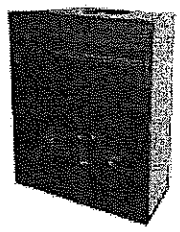
GAS FIREPLACE EFFICIENCIES

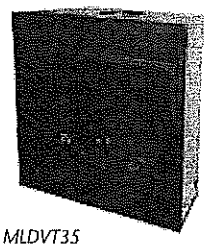
MODEL	BTU/INPUT/HR	CANADIAN ENERGUIDE RATING*	AFUE**
MLDVT-30	9,000–13,500	NG-51% / LP-54%	NG-57% / LP-61%
MLDVT-35	11,400–16,000	NG-59% / LP-61%	NG-59% / LP-61%
MLDVT-40	14,000–20,000	NG-61% / LP-61%	NG-62% / LP-61%
MLDVT-45	17,000–23,000	NG-59% / LP-61%	NG-64% / LP-64%

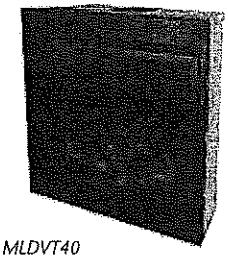
*Intermittent ignition systems.

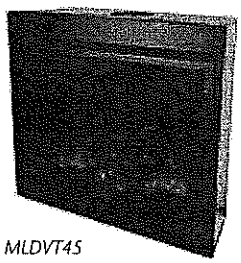
**Annual Fuel Utilization Efficiency (AFUE) is the recognized U.S. rating system for the total efficiency of heating products.

DIMENSIONS

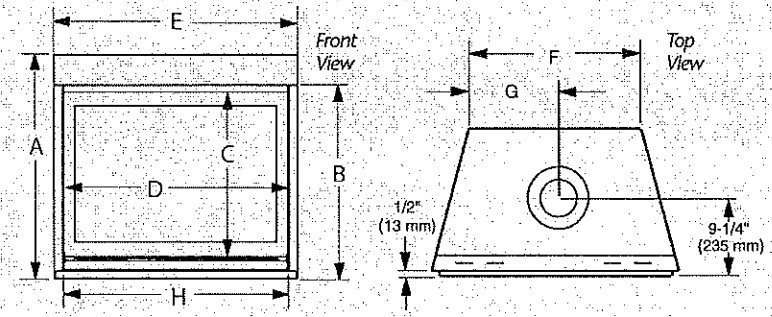

MLDVT30

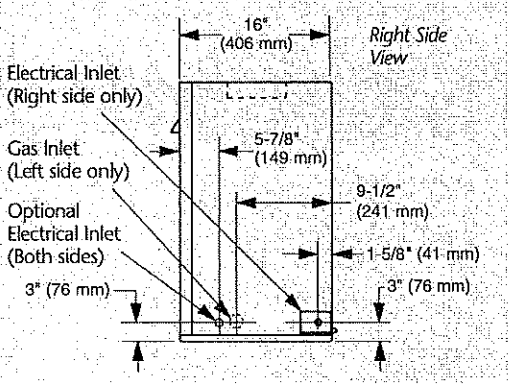

MLDVT35


MLDVT40


MLDVT45

GAS FIREPLACE SPECIFICATIONS

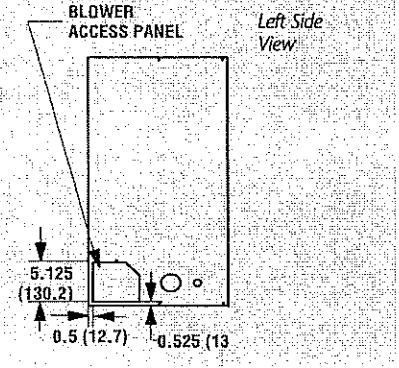




FRAMING DIMENSIONS

	WIDTH	HEIGHT	DEPTH
MLDVT-30	30-1/4" (768 mm)	35-1/4" (895 mm)	16" (406 mm)
MLDVT-35	35-1/4" (895 mm)	35-1/4" (895 mm)	16" (406 mm)
MLDVT-40	40-1/4" (1022 mm)	40-1/4" (1022 mm)	16" (406 mm)
MLDVT-45	45-1/4" (1149 mm)	40-1/4" (1022 mm)	16" (406 mm)

Typical Installation



DIMENSIONS

	MLDVT-30	MLDVT-35	MLDVT-40	MLDVT-45
A	32-1/4" (819 mm)	32-1/4" (819 mm)	37-1/4" (946 mm)	37-1/4" (946 mm)
B	28-1/8" (715 mm)	28-1/8" (715 mm)	33-1/8" (841 mm)	33-1/8" (841 mm)
C	23-1/4" (587 mm)	23-1/4" (587 mm)	28-1/4" (714 mm)	28-1/4" (714 mm)
D	27" (686 mm)	32" (813 mm)	37" (940 mm)	42" (1067 mm)
E	30-1/4" (768 mm)	35-1/4" (895 mm)	40-1/4" (1022 mm)	45-1/4" (1149 mm)
F	20" (508 mm)	25" (635 mm)	30" (762 mm)	35" (889 mm)
G	10" (354 mm)	12-1/2" (317 mm)	15" (381 mm)	17-1/2" (445 mm)
H	28" (711 mm)	33" (838 mm)	38" (965 mm)	43" (1092 mm)

PRODUCTS AND DEALERS YOU CAN COUNT ON

Lennox is committed to providing you with the finest hearth products available. Choosing the right dealer for your hearth needs is as important as choosing the right brand, and our dealers are a big reason why you can count on quality customer service when you call.

IMPORTANT NOTES:

As with any heating appliance, fireplace or stove, this appliance is extremely hot during operation. Read and understand all operating instructions before using this appliance. For further information, consult your dealer.

Local conditions, such as elevation, wind, vent configuration and choice of fuel will affect overall appearance of the fire and heating performance. Performance can also vary with home design and insulation, climate, condition and type of fuel used, appliance location, burn rate, accessories chosen, chimney installation and how the appliance is operated.

Diagrams, illustrations and photographs are not to scale—consult installation instructions. Product designs, materials, dimensions, specifications, colors and prices are subject to change or discontinuance without notice.

Approved and listed to U.S. and Canadian safety and performance standards – ANSI Z21.88/CSA 2.33 and CAN/CGA 2.17M91.

LENNOX®

HEARTH PRODUCTS

Canada

ENERGUIDE

Look for the **EnerGuide** Gas Fireplace Energy Efficiency Rating in this brochure

Based on CSA P.4.1-02

Intertek

Report Number: *100326540PRT-001*

100% recycled

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785268M-A 03/13

Neil Brooks
Plumbing Heating Cooling Inc.

14 South Hope Chapel Road Jackson NJ 08527

"Old fashioned reliability using modern technology"

State of New Jersey Master Plumber License #8551

Phone: (732)363-4373 Fax: (732)901-7938

E-mail:neilbrooksphc@aol.com

FAXED 732-363-3941

7/10/2015

To: Bernie Reilly , Plumbing Sub Code
From: Neil Brooks
Re: Kathleen Seemar
18 Spring Ave. Brick Township
Block: 73 Lot: 6
Rejection of Gas dryer located in a room off of a bathroom

Bernie

The customer informed me your rejection listed that the dryer installation must comply with IRC Section G2406 1-5 Appliance location.
Under Prohibited installations it clearly stated that there is an exception if it complies with **one** of the following.

#5 the appliance is installed in a room or space that opens only into a bedroom or bathroom, and such room or space is to be used for no other purpose and is provided with a solid weather stripped door equipped with an approved self-closing device.
All combustion air shall be taken directly from the outdoors in accordance with section G2407.6

I believe that the self-closing sealing door installation and the combustion air coming from the exterior makes this installation code compliant.

Please accept Mr. Seemars permit application based on the corrections that were presented.
If you believe there is another issue please let me know so the proper action can be taken to remedy this situation?

Respectfully Submitted
Neil Brooks

Specifications

To: Bernie Reilly

3/30/2015

RE: Kathleen & Andy Seemar
18 Spring Ave
Brick NJ 08723
Block 173 Lot: 6

Combustion air for Dryer
Gas dryer will be 20,000 BTU's
As Per IFgC 304.6.1(3) All air from outdoors
M 614.5 Makeup Air 100 square inches to be provided.

1½% monthly finance charge on all unpaid balances
18% annually

NEIL BROOKS PLUMBING HEATING COOLING INC.
STATE OF NJ MASTER PLUMBER LIC. NO. 8551
PH. (732) 363-4373 FAX (732) 901-7938
14 SOUTH HOPE CHAPEL ROAD JACKSON, NJ 08527

Submitted by _____ (INITIALS) Date 3/30/2015

THIS PAGE BECOMES PART OF AND IN CONFORMANCE WITH PROPOSAL FOR:

Job Name/No. _____

Accepted by _____ (INITIALS) Date _____

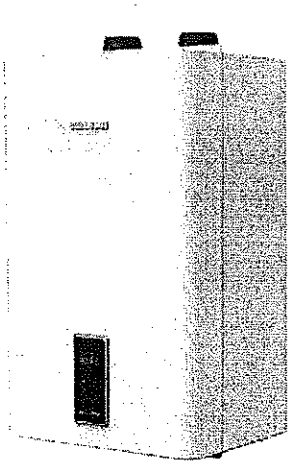
Accepted by _____ (INITIALS) Date _____

Navien

Condensing *Gas*
Combination Boiler

NCB Series Combination Boilers
Specification Sheet

- Certified design according to **ANSI Z21.13b-2012/CSA 4.9b-2012** standards for indoor residential applications
- Gas Input Ranges (Space Heating / DHW)
  NCB-180 - 80,000 (150,000 for DHW) to 14,000 BTUh
  NCB-210 - 100,000 (180,000 for DHW) to 18,000 BTUh
  NCB-240 - 120,000 (199,900 for DHW) to 18,000 BTUh
- Domestic Hot Water Flow Rate Capacity (*based on 77°F temperature rise)
  NCB-180 - 3.4 GPM
  NCB-210 - 4.0 GPM
  NCB-240 - 4.5 GPM
- **Dual Primary and Secondary Stainless Steel Heat Exchangers** for optimum efficiency and durability
- **Stainless Steel Flat Plate Heat Exchanger*** for **DHW**
  (* certified to IAPMO PS 92-2010 standards)
- **Domestic Hot Water Priority**
- Compatible with **2" PVC vent up to 60 ft**** and **3" PVC vent up to 150 ft****
  (** with no elbows)
- **Backlit Front Panel** - allows adjustment of hot water temperatures and boiler functions including Outdoor Reset Curve settings, heating setback, Integrated Low Water Safety Control, water fill pressure, and output capacity
- **Internal Circulation Pump** - comes included with a primary circulation pump and air vent for added value and convenience
- **Low Voltage Terminal Strip** - contacts for thermostat or zone controller, outdoor reset, 24 VAC device relay, air handler interrupt, and LWCO
- **Temperature Options** - two boiler setpoints: hydronic heating temperature settings range from **77°F up to 194°F** and from **86°F to 140°F** for DHW temperatures
- **Outdoor Reset Sensor** (optional) - when installed with an NCB Series model, the unit controls will sense outdoor ambient temperatures and adjust the boiler operation for maximum comfort and efficiency
- **AFUE** Ratings
  NCB-180 - 93.5% (NG/LPG)
  NCB-210 - 93.6% (NG/LPG)
  NCB-240 - 93.3% (NG/LPG)
- Compatible with **Natural Gas (NG)** and **Propane (LPG)*****
  (*** requires installation of included Field Conversion Kit by a qualified gas servicer)
- Certified by **CSA, ASME, NSF/ANSI 372** for Low Lead (**DHW only**), **SCAQMD** (Rule 1146.2 Type 1 - Complies with 14 ng/J or 20 ppm NOx @ 3% O2)
- **10-Year** Heat Exchanger and **5-Year** Parts Warranty******
  (****** see Navien Limited Residential Warranty)
- **Optional accessories** are available *(see below)*



Sleek Design - Compatible with 2" PVC Vent

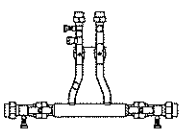
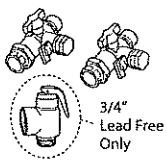
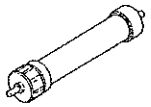
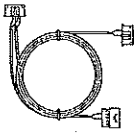
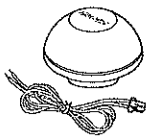
INCLUDED Illuminated Front Panel with Advanced Hydronic and DHW Operation

ASME H

ENERGY STAR

AHRI CERTIFIED® www.ahridirectory.org

NSF Certified to NSF/ANSI 372

					
Quik-Install Manifold Kit (GXXX001178)	**Plumb Easy Valve Set** (BCSA0563 - 1" Standard) (UA0900002A - 3/4" Lead Free)	**Condensate Neutralizer** (UA1300001A)	**Ready-Link Communication Cable** (BCRA1129)	**Outdoor Reset Sensor** (NASS9EXOTS01)	**Condensate Drain Hose** (BH2206006A)

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Kathleen Seemar DATE 2-25-15

PROPERTY ADDRESS 18 Spring ave BLOCK 73 LOT 6

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP	2	( )	7	( )	
2. KITCHEN GROUP	1	( )	2	( )	
3. WATER CLOSETS		( )		( )	
4. LAVATORY		( )		( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK		( )		( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1	( )	4	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	2	( )	3.5	( )	
TOTALS			16.5		

GALLONS PER MINUTE _____

SIZE of SERVICE 3/4" Meter 3/4"

DATE: 2-25-15 APPROVED BY: _____

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
732 (908) 458-7000

Call Kathleen@477-7707

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Kathleen Seemar PHONE NO. _____ (bus.)

ADDRESS: 18 Spring Ave _____ (home)

Brick NJ 08723-5842

PROPERTY IN QUESTION: ADDRESS 18 Spring Ave

BLOCK(S) 73 LOT(S) 6

BTMUA ACCOUNT NO. 3065601-0 TAX MAP DRAWING NO. 13.01

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

* LOT HAS EXISTING SERVICE

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED.**	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS:

INITIAL SERVICE CHARGES

* WATER SPRING AVENUE (STREET) 3/4" — 3/4" 3857.00 1" 6767.00

* SEWER SPRING AVENUE (STREET) — 3854.00

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION FOR EXTENSION IS ☐ IS NOT ☐ REQUIRED. _____ _____

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO. _____ CONTACT THE AUTHORITY TO CONFIRM AVAILABILITY OF SERVICES. _____ _____

DATE: 12/02/2014 SIGNED: David Burtzloff

NOTE: STATEMENT GOOD FOR ONE YEAR. 12/02/2014 PM

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

3/2/17
Faxed

Subcode Official Review

Date: Wednesday, March 01, 2017

To: SEEMAR, ANDREW & KATHLEEN E
18 SPRING AVE
BRICK, NJ 08723

RE: Building Subcode
Block: 73 Lot: 6 Qual:
18 SPRING AVE.
Permit Number: 15-2471+A Control Number: C-15-000079+A
Last Submit Date: Tuesday, February 28, 2017

Dear SEEMAR, ANDREW & KATHLEEN E,

Your request is hereby denied based upon the following infractions.

1) Please indicate in the revision box what is being revised and then cloud that revision on the plans.

2) I am not clear on what is indicated in the Discription of work on the U.C.C.F110.

Sincerely,

John Pinkava.

CC:

7/9/15, 3
Fax to 732-477-1707

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, July 09, 2015

To: SEEMAR, ANDREW & KATHLEEN E
18 SPRING AVE
BRICK, NJ 08723

RE: Plumbing Subcode
Block: 73 Lot: 6 Qual:
18 SPRING AVE.
Permit Number: Control Number: C-15-000079
Last Submit Date: Tuesday, July 07, 2015

Dear SEEMAR, ANDREW & KATHLEEN E,

Your request is hereby denied based upon the following infractions.

To be in compliance with IRC G 2406.2 you need to follow the regulations outlined in that secion 1-5.

Sincerely,

Bernie Reilly, Subcode Official

CC:

OCEAN COUNTY SOIL CONSERVATION DISTRICT

E-2447

714 Lacey Road, Forked River, NJ 08731 Tel (609) 971-7002 Fax (609) 971-3391
www.SoilDistrict.org

PROJECT EXEMPTION APPLICATION

Applicant's Name (PRINT) Andrew and Kathleen Seeman

Address 18 Spring Avenue
Brick, NJ 08723

Contact Telephone N [redacted] Fax: 732-477-1707

Project Address 18 Spring Avenue, Brick, NJ 08723

Block(s) 73 Lot(s) 6 Municipality Brick

A SEALED PLOT PLAN OR SITE PLAN SHOWING THE TOTAL AREA OF SOIL / SURFACE DISTURBANCE MUST BE SUBMITTED ALONG WITH THIS REQUEST.

I, the undersigned, am requesting an exemption from the Soil Erosion and Sediment Control Act, P.L. 1975, based on the following activity for total soil / surface disturbance of less than 5,000 square feet:

CHECK REASON FOR REQUEST:

____ Demolition/Land grading (no structure to be constructed): TOTAL SOIL DISTURBANCE ____ Sq. ft.
X Single family dwelling: TOTAL SOIL DISTURBANCE 4656 Sq. ft.
____ Commercial construction/site plan: TOTAL SOIL DISTURBANCE ____ Sq. ft.
____ Agriculture (crop farming including orchards) or horticulture. This applies only to cultivation. It does not apply to construction of buildings/greenhouses which requires a construction permit or site plan review.

check# 3659
A $150.00 NON-REFUNDABLE project exemption application fee is required, made payable to the Ocean County Soil Conservation District (OCSCD).

I understand and agree that if the activity I propose changes from the category denoted in this application, it will render this exemption void. A re-assessment will be made by the District.

Applicant's Signature K&K Kathleen Seeman Date 10-28-14

ACKNOWLEDGEMENT OF EXEMPTION – DISTRICT USE ONLY

Whereas, the owner has certified, in writing, that they are engaging in the above referenced exempt activity, and, therefore, a certified Soil Erosion and Sediment Control application will not be required by the Ocean County Soil Conservation District.

✓ APPROVED ____ DENIED _____
OCSCD OFFICIAL

REASON FOR DENIAL: _____

DATE 10/29/14

Healthy Soil is at the Root of Everything!

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

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 18 Spring Avenue, Brick, NJ 08723

Block: 73 Lot: 6

Contractor: Self, Andrew & Kathleen Seeman

Contractor's Address: 18 Spring Avenue, Brick

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

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

Party responsible for removal: Sakoutis Brothers Disposal

Dumpster size: 40 yard

Destination of debris: Mazza, Tinton Falls, NJ

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

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

Signature

12-2-14
Date

Andrew & Kathleen Seeman
Print Name