BLOCK 679 LOT 18+19 C21-18 QUALIFICATION CODE _____ ADDRESS (SITE) 770 Acorn Dr. PERMIT NO. 99-1906

RECEIVED APR 2 (19

CONSTRUCTION PERMIT APPLICATION

DIVISION

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

I. IDENTIFICATION

1. Propsed Work Site at: 770 Acorn Dr.
2. Name of Owner in Fee: Mark + Barbara Austin Tel. [redacted]
   Address 770 Acorn Dr (street) Brick (municipality) N.J. 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Mark Austin Tel. [redacted]
   Address 770 Acorn Dr
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Mark Austin
   Tel. [redacted] FAX (732) 920-1374

2ND Story Addition.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	154	
2.	Electrical		54	35
3.	Plumbing		55	35
4.	Fire Protection		X1	35
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		11	
10.	Subtotal			
11.	Cert. of Occupancy		35	
12.	Other		30	
13.	TOTAL	$	419	105

329 30 419

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
2.	Height of Structure 29 ft.	
3.	Area — Largest Floor 1152 sq. ft.	
4.	New Building Area 768 sq. ft.	768
5.	Volume of New Structure 6144 cu. ft.	6144
6.	Construction Classification 5B 7.5	
7.	Total Land Area Disturbed _____ sq. ft.	
8.	Flood Hazard Zone _____	
9.	Base Flood Elevation _____ ft.	
10.	Wetlands yes _____ no _____	
11.	Max. Live Load _____	
12.	Max. Occupancy Load _____	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☑ Addition	30,000 400								
4.	☐ Alteration	1000				5-26-99	OB	4/20/04		VK
5.	☐ Fire Protection	3000			5-26-99	5-26-99		4/19/04		OK
6.	☑ Plumbing	2000				5/26/99	TO			
7.	☑ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		EWR	5/17/99		5/17/99	DL			
	TOTAL COSTS	36000 24,400								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☑ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

7PH 2PCO

LDS BR 10502816

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. (✓) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (✓) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (✓) I further certify that I will perform or supervise the following work:
C.1. (✓) Building C.2. (✓) Fire Protection

I further certify that I will perform the following work:
C.3. (✓) Electrical C.4. (✓) Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

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			X	X	X	X	X	X	
☐ 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							X	X	
☐ 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.				

0004
1906*#

BLOCK 679 # 0.00
LOT 18 # 0.00
BUILDING 154.00
ELETRIC* 54.00
PLUMBING 55.00
FIRE 81.00
D.C.A. 10.00
C / O 35.00
ZONEPLOT 15.00
ENG P.R. 15.00
TOTAL 419.00
CHECK 419.00
CHANGE 0.00
0011A005 08:44
06/02/99 D. S

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/02/99
Control 0
Permit 0 99-1906

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 679 Lot 18 Qual

Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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:
2ND STORY ADDITION 3 BEDROOMS AND 1 BATH

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 $ 34,400

J Curiazza/z
Construction Official

06/02/99
Date

O.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	154
Electrical	54
Plumbing	55
Fire Protection	81
Elevator Devices	0
Other	
DCA Training Fee	10
Cert. of Occupancy	35
Other 2 PEP	30
Total 419 —	~~389~~
Check No.	377
Cash	
Collected By	TL

Signature

U.C.C. F140 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/01/2003
Control #
Permit # 99-1906+A
Permit Issued 06/02/1999

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 79 Lot 18 Qual

Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

10/01/03 3:16PM 000000#4108
XX02 SERV.002

#1906	
ELECTRIC	$35.00
PLUMBING	$35.00
FIRE	$35.00
XXXTOTAL	$105.00
CASH	$105.00
CHANGE	$0.00

10/01/03 3:16PM 000000#4108 XX02
XXXTOTAL $105.00

Is hereby granted permission to perform the following work:

( ) BUILDING (X) PLUMBING ( ) LEAD HAZARD ABATEMENT
(X) ELECTRICAL (X) FIRE PROTECTION ( ) DEMOLITION
( ) ELEVATOR DEVICES ( ) ASBESTOS ABATEMENT ( ) OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REINSTATE PERMIT

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	35
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	105
Check No.	
Cash	X
Collected By	MJP

Estimated Cost of Work $ 30

Construction Official

10/01/2003
Date

U.C.C. F190 (rev. 3.96) NJ UCCAPS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/22/99
Date Issued 6/24/99
Control # C21-18
Permit # 99-1906

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele.([redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No. NO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 768 Sq. Ft.
Volume of New Structure 6,144 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 30,000
2. Alteration $ 400
3. Total (1+2) $ 30,400

Industrialized Building:
[ ] State Approved
[ ] HUD

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

2ND STORY ADDITION 3 BEDROOMS AND 1 BATH

Note: Architect/engineer to Certify Footing/found.
Egress windows Required in New B.R.'s

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	154
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 154
DCA Training Fee	$ 10

Paid [ ] Check #
Collected by:

O.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/22/99
Date Issued 6/24/99
Control 0 C21-18
Permit 0 99-1906

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 768 Sq. Ft.
Volume of New Structure 6,144 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 30,000
2. Alteration $ 400
3. Total (1+2)$ 30,400

Industrialized Building:
[ ] State Approved
[ ] HHD

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

2ND STORY ADDITION 3 BEDROOMS AND 1 BATH

Note: Architect/engineer to Certify Footing/Foundation
Egress windows Required in New B.R.'s

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	154
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 154
DCA Training Fee	$ 10

Paid [ ] Check #
Collected by:

O.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/22/99
Date Issued 6/24/99
Control # C21-18
Permit # 99-1906

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/26/99
Approved By:

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

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
5		Lighting Fixtures	
35		Receptacles	
10		Switches	
5		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
55		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	4	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 54
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/22/99
Date Issued 6/2/99
Control # C21-18
Permit # 99-1906

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/26/99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
5		Lighting Fixtures	
35		Receptacles	
10		Switches	
5		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
55		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	Kw Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	4	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 54
DCA Training Fee $ 0

U.C.C. P120 (rev. 3/96)

CS NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/01/2003
Date Issued 10/01/2003
Control #
Permit # 99-1906+A

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Energency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other REINSTATE	35
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

C8

Date Received 04/22/99
Date Issued 6/2/99
Control # C21-18
Permit # 99-1906

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 80-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/26/99
Approved By:

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

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough	6-21-99		6-23-99	TO
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	5/14/01			

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

5/15/01 NOT READY NO ENTRY 1215 HRS

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
5		Lighting Fixtures	
35		Receptacles	
10		Switches	
5		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
55		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	4	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

CLEARANCE TOP OF RECESS TO CEILING 6-21-99 T-O

UPDATE FOR SERVICE RELOCATION

NOTE: NO DECK INSPECTION T-O 6/23/99

Paid [ ] Check #	Administrative Surcharge	$ 0
Collected by:	Minimum Fee	$ 0
	TOTAL FEE	$ 54
	DCA Training Fee	$ 0

U.C.C. F120 (rev. 3/96)

C3 NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/01/2003
Date Issued 10/01/2003
Control 0
Permit 0 99-1906+A

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other REINSTATE	35
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 0

U.C.C. F120 (rev. 3/96)

CI NJ UCCARES.24C

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/01/2003
Date Issued 10/01/2003
Control #
Permit # 99-1906+A

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

Block 67 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele.: [redacted]
Contractor
Address
Tele.: ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
( ) Pole/Pad # ( ) Temporary ( ) Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
( ) Bldg ( ) Plumb
( ) Fire ( ) Elevator
( ) Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
( ) CO ( ) CCO ( ) CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day)			
Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
( ) Licensed Electrical Contractor ( ) Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1 + HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Cent.	0
0	0	KW Elect Sign/Outline Light	0
		Other REINSTATE	35
		Other	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/94)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/05/2001
Date Issued 4 26 01
Control # C9-79
Permit # 01 1152

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
I G POOL EXISTING FENCE
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele [redacted] Fax (609)660-9395
Contractor ROBERT J MCLAUGHLIN ELEC CON
Address 12 8TH STREET
BARNEGAT, NJ 08005-
Tele [redacted]
Lic. No. or Bldrs. Reg. No. 10990A
Federal Emp. No. 22-3451834

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 4-25-01
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv			BOND RELEASED 5/15/01	
TCO				
Other TRENCH ONLY			5/14/01	
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
1		Pool Permit/with UW Lights	9
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	26
TOTAL FEE	$	35
DCA Training Fee	$	0

U.C.C. F120 (rev. 3/96)

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/01/2003
Date Issued 10/01/2003
Control #
Permit # 99-1906+A

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2NR STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 10

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
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.

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other REINSTATE		35
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/01/2003
Date Issued 10/01/2003
Control #
Permit # 99-1906+A

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

Block 67 Lot 18 Qual

Work Site Location 770 ACORN DR
2ND STORY ADDITION

Owner in Fee AUSTIN, MARK & BARBARA

Address SAME
BRICK, NJ 08723-

Tele. [redacted]

Contractor

Address

Tele. ( )

Lic. No. or Plans. Reg. No.

Federal Emp. No. NO-

B. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks
T.ype [ ] Flammable Liquid [ ] Combust Liquid
[ ] LPG [ ] LNG Capacity 0 Fuel

	NUMBER	FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (smoke,heat,pulls,water flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other REINSTATE		35
Other		0

E. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 10

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approved	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
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.

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected By: TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/01/2003
Date Issued 10/01/2003
Control #
Permit # 99-1906+A

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 10

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			4-9-04	DB
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.

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other REINSTATE		35
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: TOTAL FEE		$ 35
	DCA State Permit Fee	$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/22/99
Date Issued 6/2/99
Control # C21-18
Permit # 99-1906

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 5-20-99
Approved By: DB

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	5	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	5	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	81
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/22/99
Date Issued 6/2/199
Control # C21-18
Permit # 99-1906

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 5-20-99
Approved By: TDB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and an authorized to make this application.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Supervy

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected System		
Alarm Devices(smoke,heat,pulls,water/flow)	5	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	6	
TOTAL	5	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	5
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	81
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/22/99
Date Issued 6/2-199
Control # C21-18
Permit # 99-1906

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele.(__) Fax (__)
Contractor
Address
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 80-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
Fire Plans Approved
Date: 5-20-99
Approved By: BB

SUBCODE APPROVAL
[ ] CO [ ] CCO CA
Date: 4-20-99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			4-15	
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			4-19	
Smoke Ctl				
TCO				
Final			4-15	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	5	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	5	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimun Fee	$ 0
Collected by:	TOTAL FEE	$ 81
	DCA Training Fee	$ 0

U.C.C. F140 (rev. 3/96)

C3J UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/01/2003
Date Issued 10/01/2003
Control #
Permit # 99-1906+A

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

Block 679 Lot 18 Qual

Work Site Location 770 ACORN DR
2ND STORY ADDITION

Owner in Fee AUSTIN, MARK & BARBARA

Address SAME
BRICK, NJ 08723-

Tele [redacted]

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] TCO
Approved By:
Date: 9-19-03

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other REINSTATE	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 0

N.C.C. F130 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/22/99
Date Issued 6/2/99
Control # C21-18
Permit # 99-1906

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

Block 679 Lot 18 Qual

Work Site Location 770 ACORN DR
2ND STORY ADDITION

Owner in Fee AUSTIN, MARK & BARBARA

Address SAME
BRICK, NJ 08723-

Tele.( ) Fax ( )

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. EO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5-26-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO
Approved By:
Date: 4.9.04

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab		8-2-99		
Rough	6-29-99	7-2-99	4.9.04	
Water				
Sewer				
Fixtures			4.9.04	
Gas Equip.				
Gas Piping			6-29-99	
Solar				
TCO				

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 55
DCA Training Fee $ 0

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and an authorized to make this application and perform the work listed on this application.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev. 3/96)

6-29-99

No vents on tub or w.c

No g/c drains

No PVC hanger on floor

No anti scald & ~~no stops~~ no stops for shower

8-2-99

No Emerg drain

Tub & wc vent plat,

not worked

C3! UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/01/2003
Date Issued 10/01/2003
Control 0
Permit 0 99-1906+A

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

Block 679 Lot 19 Qual

Work Site Location 270 ACORN DR
2NE STORY ADDITION

Owner in Fee AUSTIN, MARK & BARBARA

Address SAME
BRICK, NJ 08723-

Tele [redacted]

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other REINSTATE	35
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 0

U.C.C. F130 (rev. 3.9e)

C3J UCCAPS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/01/2003
Date Issued 10/01/2003
Control 0
Permit # 99-1906+A

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

Block 67 Lot 18 Qual

Work Site Location 770 ACORN DR
2ND STORY ADDITION

Owner in Fee AUSTIN, MARK & BARBARA

Address SAME
BRICK, NJ 08723-

Tele. [redacted]

Contractor

Address

Tele.( )

Lic. No. or Eldrs. Reg. No.

Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal - Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other PEINSTATE	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Misc. Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 0

N.J.C. F130 (rev. 3/94)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/22/99
Date Issued 6/2/99
Control # C21-18
Permit # 99-1906

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 80-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5-26-99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 55
	DCA Training Fee	$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/22/99
Date Issued 6/2/99
Control # C21-18
Permit # 99-1906

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

Block 679 Lot 18 Qual
Work Site Location 770 ACORN DR
2ND STORY ADDITION
Owner in Fee AUSTIN, MARK & BARBARA
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 55
	DCA Training Fee	$ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: May 13, 1999 No. 1999-0691

Block 679 Lot 18-19 Zone: R-7.5

Property Address: 770 Acorn Drive

Owner: Mark & Barbara Austin Phone: 920-9474

Applicant: Same Phone: Same

Existing Use: Single-family residential

Proposed Use: Same

Proposed Construction: Second story addition, 32' x 36', 29' high

Conditions: The addition must be setback at least 25' from the front property line, 6' from the side property lines and 15' from the rear property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean P. Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 679 LOT 18-19

PROPERTY ADDRESS 770 Acorn Drive

NAME OF OWNER Mark + Barbara Austin OWNER'S PHONE [redacted]

NAME OF APPLICANT Mark + Barbara Austin

APPLICANT'S COMPLETE ADDRESS 770 Acorn Dr, Brick, NJ 08723

APPLICANT'S PHONE NUMBER [redacted] APPLICANT'S BUSINESS NAME Homeowner

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☒ Single Family Dwelling
- ☐ Condo or Apartment
- ☐ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☒ Single Family Dwelling
- ☐ Condo or Apartment
- ☐ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED CONSTRUCTION 2ND STORY ADDITION 3BR. 1 Bath

All Dimensions 32 W 36 L 29 Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☑ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant _____ Date 4.20.99

Reviewed by Zoning Officer Date 4/27/99
5/13/99

☐ Approved ~~☐ Rejected~~

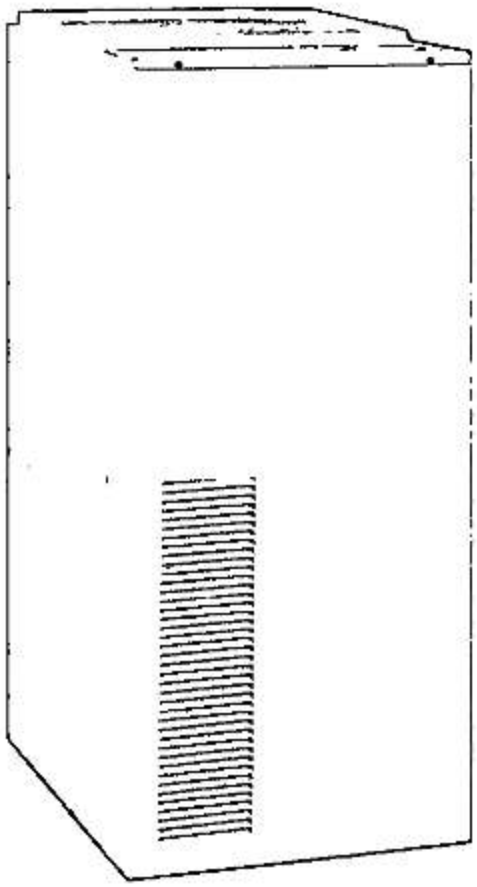
TECHNICAL SPECIFICATIONS

G6RK Series

High Efficiency Downflow Gas Furnace

Induced Draft - 80+ AFUE
Input 60,000 - 120,000 Btuh

The high efficiency downflow gas furnace may be installed free standing in a utility room, basement, or enclosed in an alcove or closet. The extended flush jacket provides a pleasing "appliance appearance." Design certified by the American Gas Association (AGA) Laboratories and the Canadian Gas Association (CGA) Laboratories. The product is truly designed with the contractor and the consumer in mind.

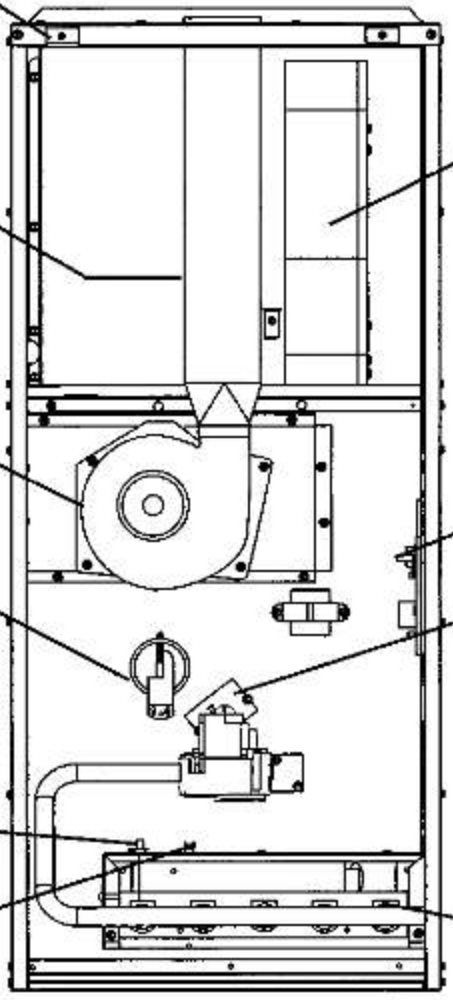


Features and Benefits

- Best warranty in the business —
  - – A full 20 years on the heat exchanger
  - – 6 years on all parts
- 100% fired and tested — All units and each component (both mechanical and electrical) are tested on the manufacturing line.
- Best packaging in the industry — Unique design assures product will arrive to the homeowner dent free.
- Clean and quiet operation — Due to the unique design of in-shot burners, location of inducer, return air vents, and use of insulation.
- Fixed 30-second blower delay at burner start-up assures a warm duct temperature at furnace start-up. Adjustable blower off settings (60, 120, 160 and 180 seconds).
- Fixed 30-second post purge increases life of heat exchanger.
- Dependable, shock-mounted hot surface ignitor — Innovative application of an appliance type igniter with a 20-year history of reliability, assures no call-backs because of handling.
- Color coded wire harness — Designed to fit the components, all with quick-connect fittings for ease of service and replacement.
- Approved for categories I and III venting systems — May be common, dedicated, or through-the-wall vented for maximum flexibility in installation.
- Tubular primary heat exchanger — Heavy gauge aluminized steel heat exchanger assures a long life.
- 90-second fixed cooling cycle blower-off delay (TDR) increases cooling performance when matched with a NORDYNE coil.
- Multi-speed direct drive blower — Designed to give a wide range of cooling capacities. 40VA transformer included.
- LP convertible — Simple burner orifice and regulator spring change for ease of convertibility.
- Diagnostic lights flash to identify limit failure, pressure switch failure, low flame signal and improper ground and polarization — for easy troubleshooting.
- Incorporates new integrated control board with connections for electronic air cleaner, humidifier and twinning.
- New door design enhances furnace appearance and uses screw fasteners for easier accessibility.
- 3 amp fuse protection against low voltage shorts; protects transformer and control board.
- Low voltage terminal board for easy field wiring.
- Components and Controls — Designing quality into our products means selecting manufacturers that have a reputation for delivering high quality, dependable products.

FEATURES

High Efficiency Downflow 80+ Gas Furnace



STANDARD EQUIPMENT

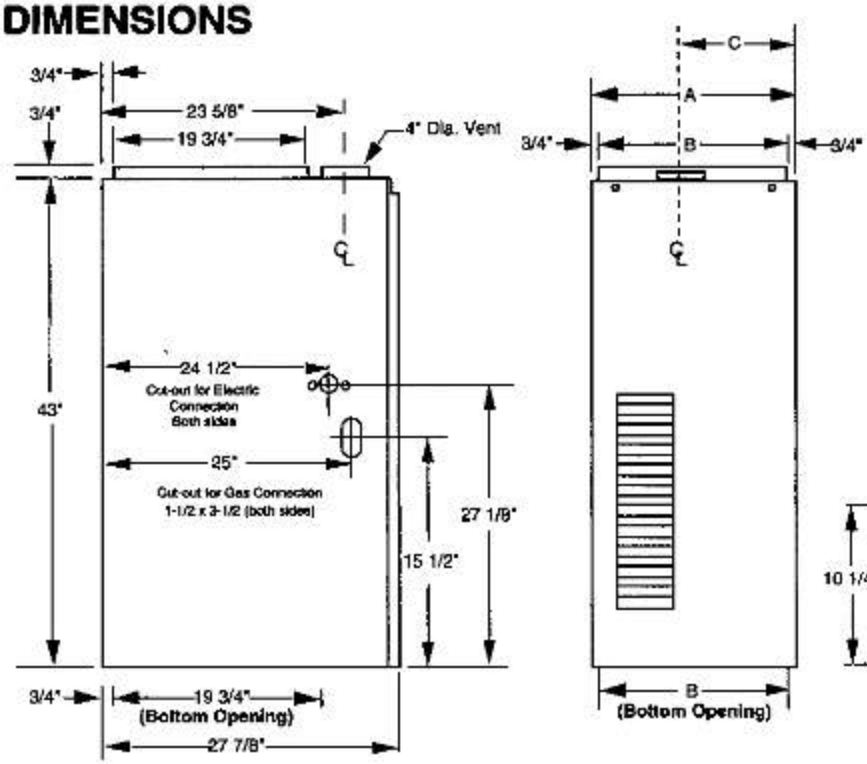
Draft inducer; pressure switch; redundant main gas control; hot-surface ignition; timed ON/OFF blower controls (TDR); VA transformer for air conditioner application; limit controls; direct drive motor; all models can be converted to use L (propane) gas. Factory approved kits *only* must be used and are available as an optional accessory from your distribut

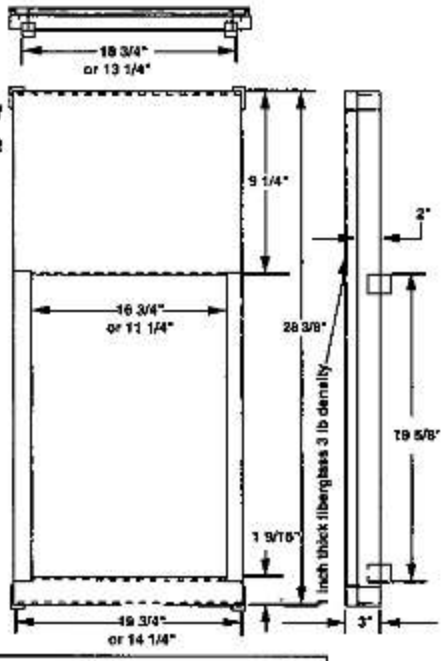
SPECIFICATIONS

G6RK MODEL NUMBERS	-060C-12	-072C-12	-072C-16	-096C-12	-096C-16	-120C-20
Input-Btuh (a)	60,000	72,000	72,000	96,000	96000	120,000
Heating Capacity - Btuh	48,000	58,000	58,000	77,000	77,000	96,000
AFUE	**80+**	**80+**	**80+**	**80+**	**80+**	**80+**
Blower D x W	10 x 6	10 x 6	10 x 10	10 x 8	10 x 10	11 x 10
Motor H.P. -Speed -Type	1/3 - 3 - PSC	1/3 - 3 - PSC	1/2 - 4 -PSC	1/3 - 3 -PSC	1/2 - 4 -PSC	3/4 - 4 -PSC
Motor FLA	6.0	6.0	7.9	6.0	7.9	11.1
Maximum Ext. SP - In. W.C.	0.5	0.5	0.5	0.5	0.5	0.5
Temperature Rise Range - °F	35 - 65	45 - 75	35 - 65	45 - 75	40 - 70	40 - 70
Approx. Shipping Wt. lbs.	105	115	130	150	158	170

Note: All models are 115V, 60 Hz. Gas Connections are 1/2" N.P.T. AFUE = Annual Fuel Utilization Efficiency. (a) Ratings to 2,000 feet. Over 2

DIMENSIONS





Downflow Sub-Base

Model Number G6RK	Furnace Input (Btuh)	Dimensions A Inches	Dimensions B inches	Dimensions C Inches	Shipping Weights (lbs)
060C-12	60,000	14 1/4	12 3/4	5 1/2	105
072C-12	72,000	14 1/4	12 3/4	5 1/2	115
072C-16	72,000	19 3/4	18 1/4	11	130
096C-12	96,000	19 3/4	18 1/4	11	150
096C-16	96,000	19 3/4	18 1/4	11	158
120C-20	120,000	19 3/4	18 1/4	11	170

BLOWER PERFORMANCE

Furnace Model No. G6RK	Motor Speed	Downflow Furnace Airflow Data External Static Pressure (inches Water Column) 0.1 CFM	0.1 Rise	0.2 CFM	0.2 Rise	0.3 CFM	0.3 Rise	0.4 CFM	0.4 Rise	0.5 CFM	0.5 Rise
060C-12	High *	1380	-	1345	-	1330	-	1260	-	1230	-
	Medium	1180	39	1145	40	1130	41	1110	42	1080	43
	Low **	830	56	810	57	805	58	795	58	780	59
072C-12	High *	1380	-	1345	-	1330	-	1260	-	1230	-
	Medium	1180	47	1145	49	1130	49	1110	50	1080	52
	Low **	830	67	810	69	805	69	795	70	780	71
072C-16	High *	1850	-	1790	-	1775	-	1755	-	1735	-
	Med-High	1460	-	1435	-	1420	-	1400	-	1380	-
	Med-Low	1210	46	1195	47	1180	47	1160	48	1140	49
	Low **	1020	55	1010	55	995	56	975	57	955	58
096C-12	High *	1475	50	1460	51	1445	51	1430	52	1410	53
	Medium **	1200	62	1195	62	1180	63	1165	64	1145	65
	Low	795	-	785	-	770	-	755	-	735	-
096C-16	High *	1950	-	1890	-	1865	-	1835	-	1805	-
	Med-High	1600	46	1580	47	1555	48	1525	49	1495	50
	Med-Low **	1375	54	1360	55	1335	56	1305	57	1275	58
	Low	1180	63	1165	64	1440	65	1110	67	1080	69
120C-20	High *	2440	-	2395	-	2385	-	2375	-	2360	-
	Med-High	1920	48	1910	48	1900	49	1890	49	1875	49
	Med-Low**	1630	57	1620	57	1610	58	1600	58	1585	59
	Low	1430	65	1425	65	1415	66	1405	66	1390	67

* Factory wired cooling speed tap. ** Minimum approved heating speed, factory wired.

High Efficiency 80+ with Honeywell VR Gas Valve		
Kit		**Order Number**
U.S. High Altitude Natural Gas Conversion Kit (2,000 to 10,000 ft.)		903491
U.S. Propane Kit (0 to 2,000 ft.)		903492
U.S. High Altitude Propane Gas Conversion Kit (2,000 to 10,000 ft.)		903493
Canadian High Altitude Natural Gas Conversion Kit (2,000 to 4,500 ft.)		903494
Canadian Propane Gas Conversion Kit (0 to 4,500 ft.)		903495
Fossil Fuel Kit		914762
Downflow Sub-Base	A Cabinet	902974
	B Cabinet	902677
Through-the-Wall Vent Kit		903196

VENTING

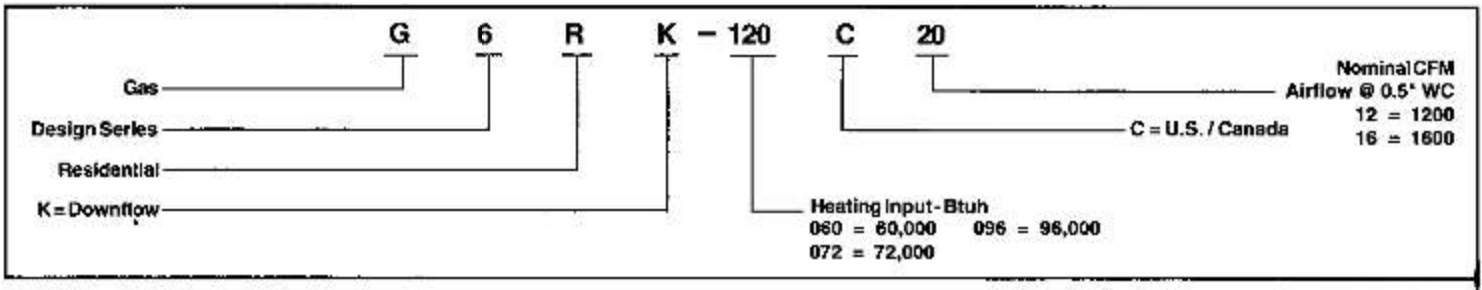
All models are approved for vertical or through-the-wall venting applications (See table below). All models may be common vented with a gas water heater. Type B gas vent materials may be used when connected to a gravity (vertical) vent system. The installation must be in accordance with the venting instructions supplied with the furnace.

THROUGH-THE-WALL VENTING

These furnaces are approved to use with 3" single wall Z-AL29-4C stainless steel vent pipe in horizontal vent applications. The pipe is available from the following manufacturers:

Z-Flex Inc. - vent brand name **(Z-VENT)**
Heat-fab Inc. - vent brand name **(Saf-T Vent)**
Flex-L International - vent brand name **(STAR-34 Vent)**

IDENTIFICATION CODE



Model G6RA	Min. Pipe Size	Reducer Needed	Flue Outlet	Max. # Elbows	Max. Ft. Vent Pipe
060C-12	3"	4" to 3"	4	4	35
072C-12	3"	4" to 3"	4	4	35
072C-16	3"	4" to 3"	4	4	35
096C-12	3"	4" to 3"	4	4	35
096C-16	3"	4" to 3"	4	4	35
120C-20	3"	4" to 3"	4	4	35

GENERAL TERMS OF LIMITED WARRANTY *

NORDYNE will furnish a replacement for any part of this product which fails in normal use and service within the applicable periods stated below, in accordance with the terms of the warranty.

G6RK Models Warranty
Gas Heat Exchanger ..... 10-Year Limited Warranty
Any Other Part ..... 6-Year Limited Warranty

* For complete details of the Limited Warranty, including applicable terms and conditions, see your local installer or contact the factory for a copy.

402A-0698 (Replaces 402A-1097)

St. Louis, MO NORDYNE

ADDITION CHECK LIST

1 Construction Permit Application (jacket) yes ✓ no ____
Make sure jacket is signed yes ✓ no ____

2 Zoning application completed yes ✓ no ____

3 Engineering Form for an Addition yes ✓ no ____

4 Two plot plans showing addition and size L-W-H & setbacks of property yes ✓ no ____

5 Building, Plg, Fire, and Electrical Technical Forms Completed yes ✓ no ____

6 Two sets of plans drawn by an Architect with seal or can be drawn by homeowner for homeowners use. Existing floor plan and new addition floor plan showing alterations through existing walls and ceiling. yes ✓ no ____

7 Building Characteristics must be completed before accepting on front of jacket and/or application. yes ✓ no ____

8 Furnace/Boiler/AC Brochure if applicable yes ✓ no ____

9 Gas Diagram if applicable yes ✓ no ____
Plumbing Diagram if applicable

10 Floor plan of original house is needed showing smoke detectors. as well as proposed addition showing smoke detectors. ✓

11 If addition is 25% more of house, we need to know: yes
1-window sizes in original house
2-Smoke Detectors hard wire battery back-up are needed.

12 Cost of alteration separate from addition cost. yes ✓ no ____

13 List of existing plumbing fixtures that are in the house already. yes ✓ no ~~____~~

14 If adding gas burning fireplace, brochure is needed as well as gas piping sketching showing where it will be hooked up. Be sure to show TOTAL length of run as well as BTU's. ✓

15 Need diagram of all electrical fixtures (lights, receptacles, switches, detectors) yes ✓ no ____

16 Debri form needs to be completed yes ✓ no ____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 4-20-99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 679 Lot: 18-19

I, Mark Austin (name) of 720 Acorn Dr. (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

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

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 5/17/99 By:

Rejected Date: By:

Remarks:

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: 5/16/95

JURISDICTION: Fulton (City, County, Township, etc.)

BUILDING LOCATION: 720 Acorn Dr. (Street address)

BUILDING DESCRIPTION: Addition of family room

REVIEWED BY: BH

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1)	require smoke dets. in existing bedrooms to 1st floor and in hallways within 10ft of existing bedrooms tied into rest of system.	
	5-18-95 8:45am mark Austin 926-6474 left message	
	5/26/95 as per mark Austin smoke det. on plan not required where required	

190-31. Plot plan (Added 12-28-80 by Ordinance Number 354-2P-80; amended 6-12-84 by Ordinance Number 354-2XXX-84.)

A. Except where approval has been obtained after application under Part 3 or 4 of this chapter, no principal building or addition to a principal building shall be constructed in the Township of Brick except after approval by the Township Engineer of a plot plan to be submitted in accordance with the following specifications.

(1) Such plot plan shall be a survey of the lot in question showing the existing topography of the lot and the proposed location and elevation of the building and/or addition and the proposed grading. Existing topography and proposed grading shall at a minimum, consist of elevations at the property corners and the corners of the proposed building and/or addition. In the event that there is more than a two-foot difference in lot elevations, contours at one-foot intervals shall be shown. The existing topography of the lots immediately adjacent to the lot in question and the road fronting such lot shall also be indicated on the plot plan.

(2) Such plot plan shall include the following additional information:

(a) The width and type of pavement on the road in front of the proposed building and/or addition.
(b) The proposed method of drainage from the property in question.
(c) The proposed garage and first floor elevations.

(3) Plot plans must be prepared by a licensed engineer or land surveyor and shall bear his signature and seal. Surveys and topographical information certified to National Geodetic Vertical Datum must be prepared by a licensed land surveyor and shall bear his signature and seal.

(4) Building or additions in a flood hazard area shall be in compliance with the National Flood Insurance Program (NFIP) as regulated by Federal Emergency Management Agency (FEMA).

B. Exemption from the plot plan requirement for an addition is subject to the approval of the Township Engineer, said exemption to be contingent upon:

(1) Proof that the subject addition is not in a flood hazard area.

(2) A survey locating the existing dwelling.

(3) A site inspection by a Brick Township Engineering Inspector to verify that the proposed addition will not create a drainage problem.

C. Petitions for plot plan exemptions are to be made to the Township Engineer in writing.

Existing Plumbing fixtures.

2- sinks
1- washer
2- water closet
1- shower
1- Tub.

770 Acorn Dr
Blk 679 lot 18-19

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

DATE: 4-27-99

Mark + Barbara Austin
770 Acorn Drive
Brick, N.J. 08723

RE: Block 679 Lot 18
770 Acorn Drive
Zoning Permit Application

Your application for a zoning permit is incomplete. In order to process your application, we need the following:

X Two (2) accurate plot plans, drawn either by a surveyor or an engineer. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

____ A zoning permit application, completely filled out and signed by the applicant. No facsimile copies can be accepted.

RESUBMIT DATE 5/12/99 Description of proposed construction must include height and other dimensions of proposed structure or addition, if fence include height and type of fence, if deck include height and whether it is attached or detached.

Rec'd Zoning 5/13/99

Upon receipt of the required information we will be able to process your application.

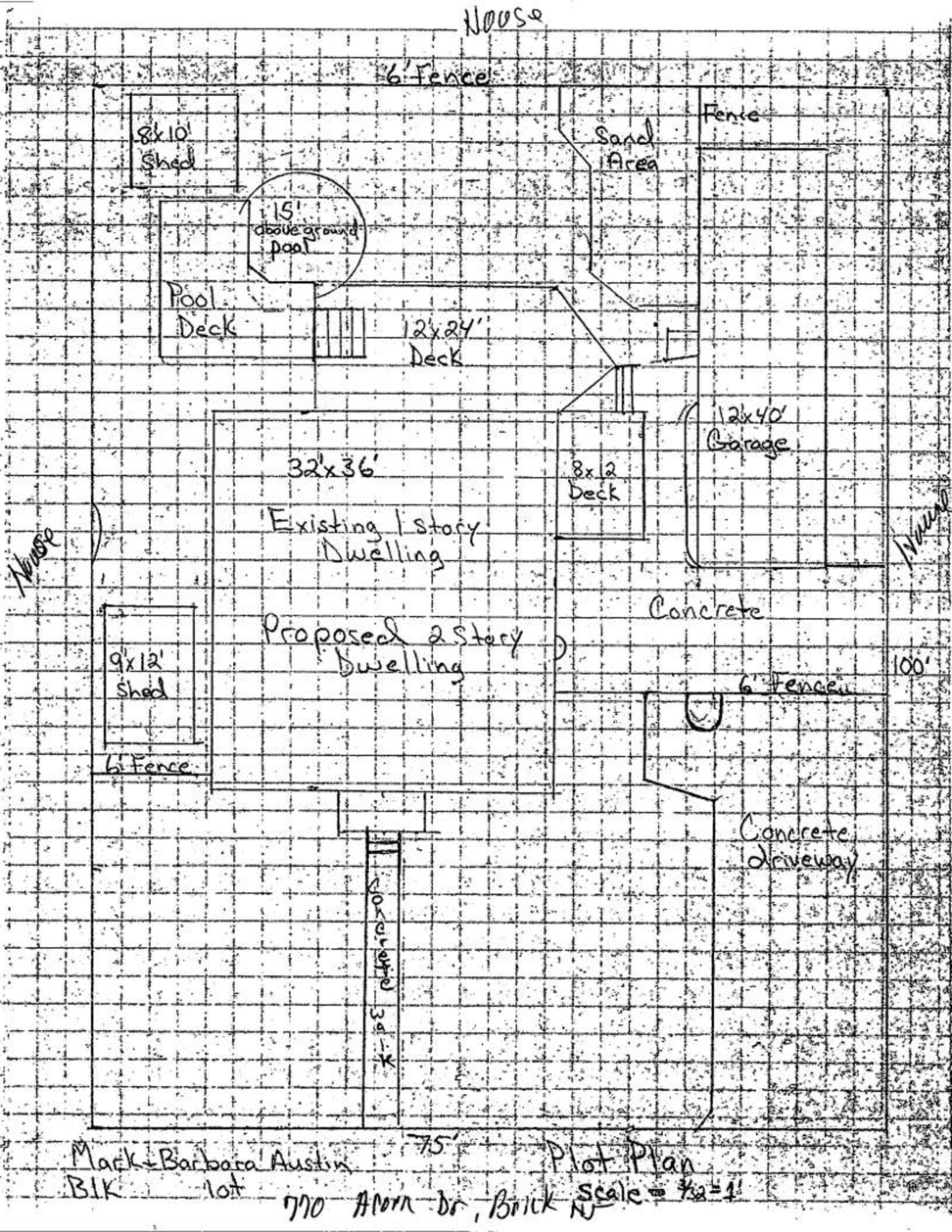
OK 5/14/99 SK

Sincerely,

SK

Sean P. Kinnevy
Zoning Officer

c: Joseph C. Scarpelli, Mayor
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Code Official


House
6' Fence
8x10' Shed
15' above ground pool
Pool Deck
12x24' Deck
Sand Area
Fence
12x40' Garage
8x12 Deck
32'x36'
Existing 1 story Dwelling
House
Proposed 2 Story Dwelling
Concrete
9'x12' Shed
6' Fence
6' Fence
100'
Concrete driveway
Concrete walk
75'
Mack + Barbara Austin
Blk lot
770 Acorn Dr, Brick NJ
Plot Plan
Scale = 1/32 = 1'

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Mark Austin DATE 5-26-99

PROPERTY ADDRESS 770 Acorn Dr BLOCK 679 LOT 18

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

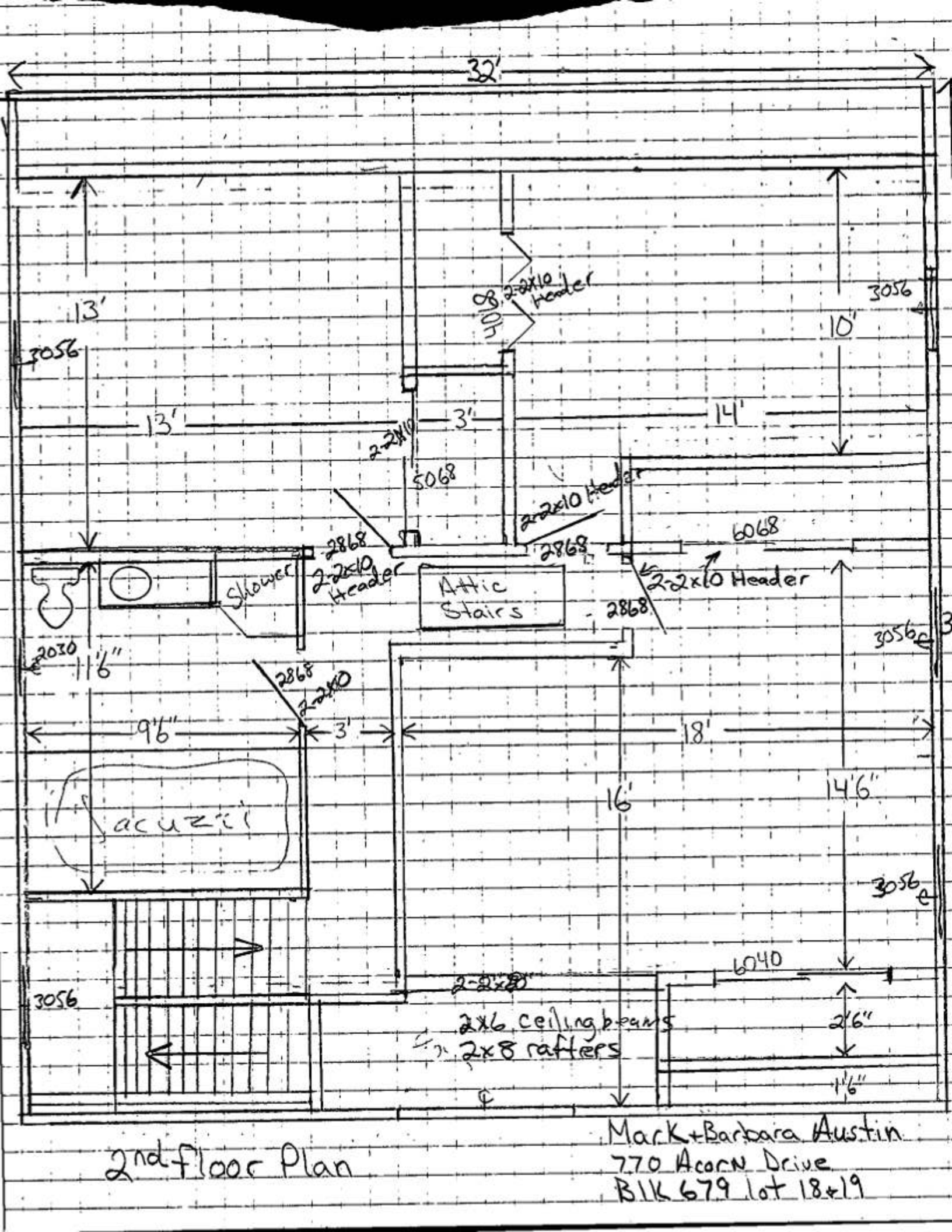
PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	2	7	
2:KITCHEN GROUP	1	2	
3:WATER CLOSETS			
4:LAVATORY			
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK			
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE	1	4	
12:URINAL			
13:FLOOR DRAIN			
14:DRINK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

TOTAL 16.5

GALLONS PER MINUTE 14

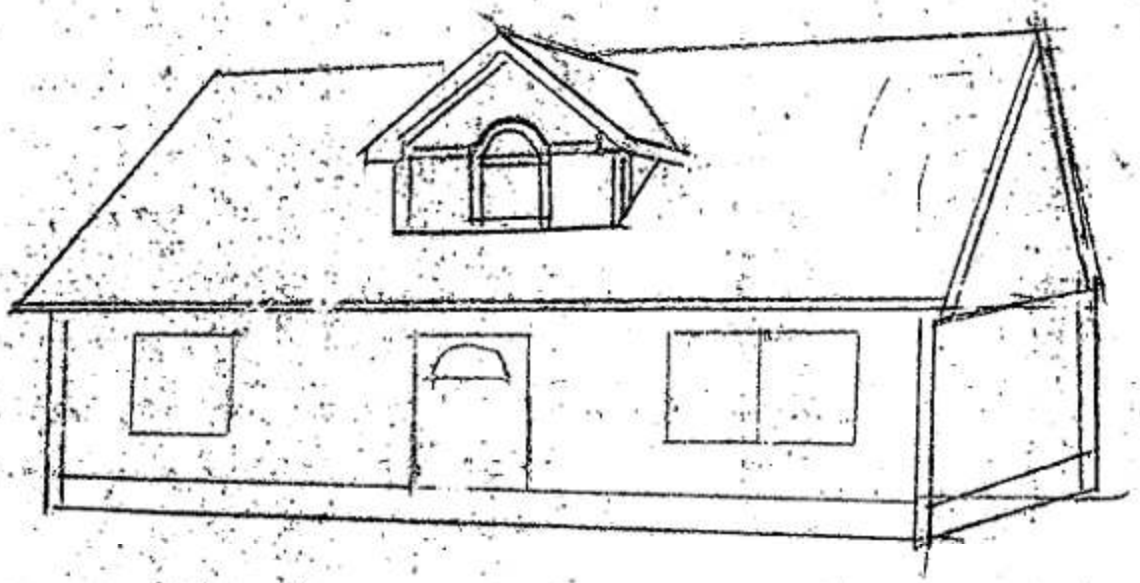
SIZE OF SERVICE 3/4"

DATE: 5-26-99 APPROVED: [signature]



2nd floor Plan

Mark + Barbara Austin
770 Acorn Drive
Blk 679 lot 18+19

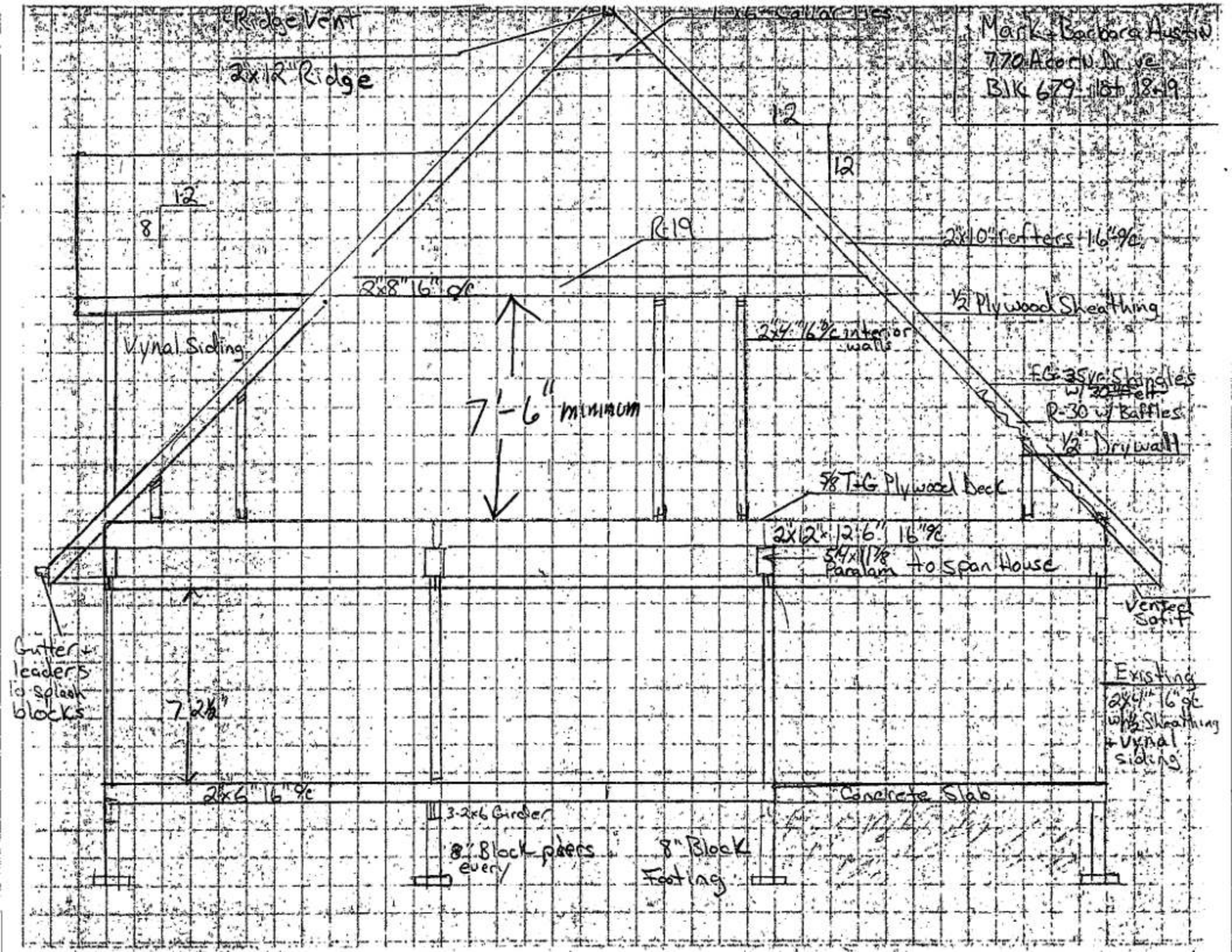


Proposed
Front View

Mark + Barbara Austin
770 Acorn Drive
Blk. 679 Lot 18+19

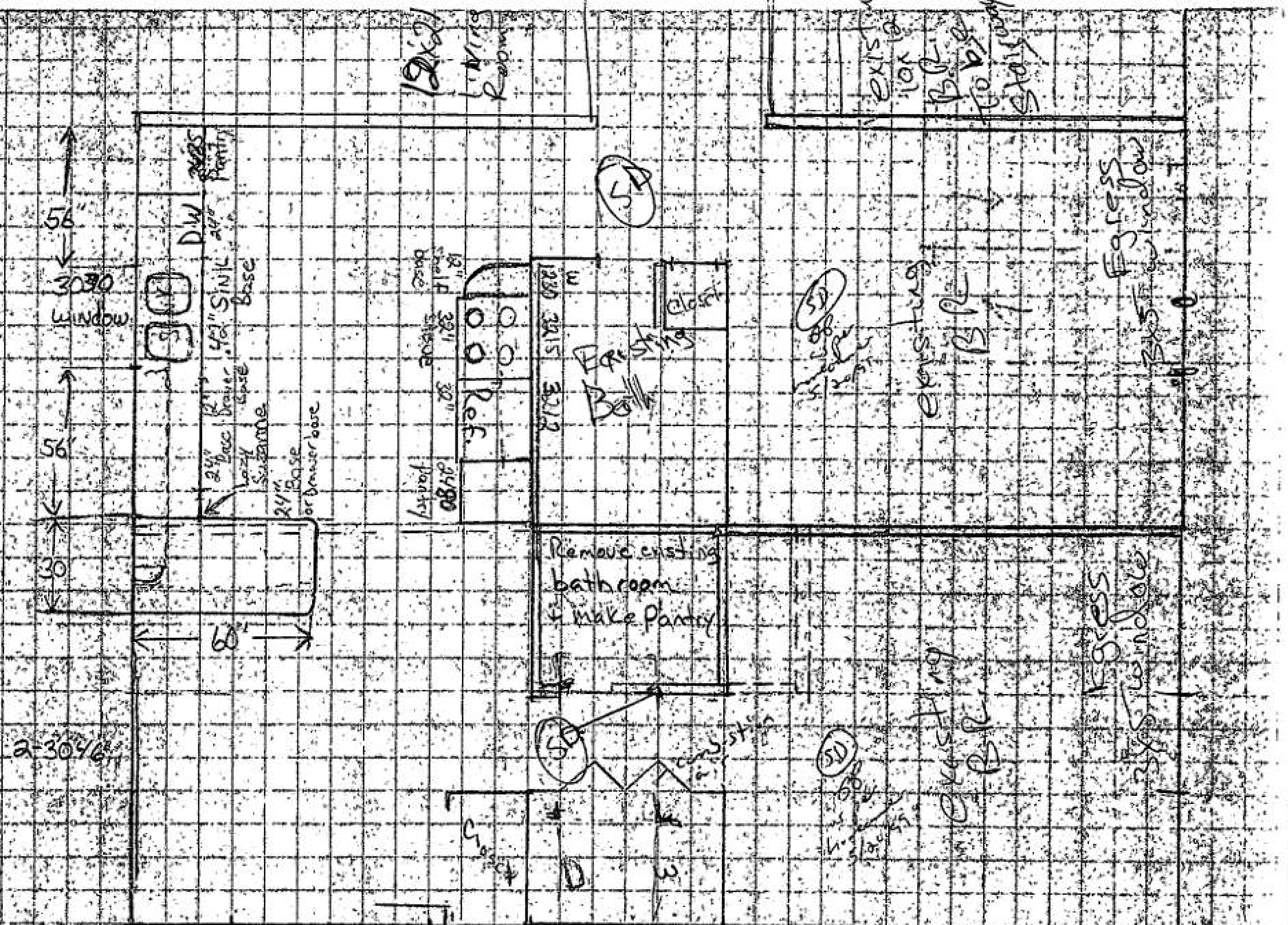
BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing		5-26.99	
Building		6-1-99	
Fire		5-20-99	
Energy			
Electrical			5265


Ridge Vent
2x12 Ridge
1x6 collar ties
Mark + Barbara Austin
770 Acorn Drive
Blk 679 lots 18+19
12
12
12
8
R-19
2x10" rafters 16" o/c
2x8" 16" o/c
½ Plywood Sheathing
Vynal Siding
2x4" 16" o/c interior walls
FG 35yr Shingles w/ 30 felt
R-30 w/ Baffles
½" Drywall
7'-6" minimum
5/8 T+G Plywood Deck
2x12x12'6" 16" o/c
5¼x11⅞ Parallam to span House
Vented Soffit
Gutter + leaders to splash blocks
7'2½"
Existing 2x4" 16" o/c w/½ Sheathing + Vynal siding
2x6" 16" o/c
Concrete Slab
3-2x6 Girder
8" Block piers every
8" Block Footing

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing		5-26-99	~~AJS~~
Building		6-1-99	[illegible]
Fire		5-20-99	DS
Energy			
Electrical			5269

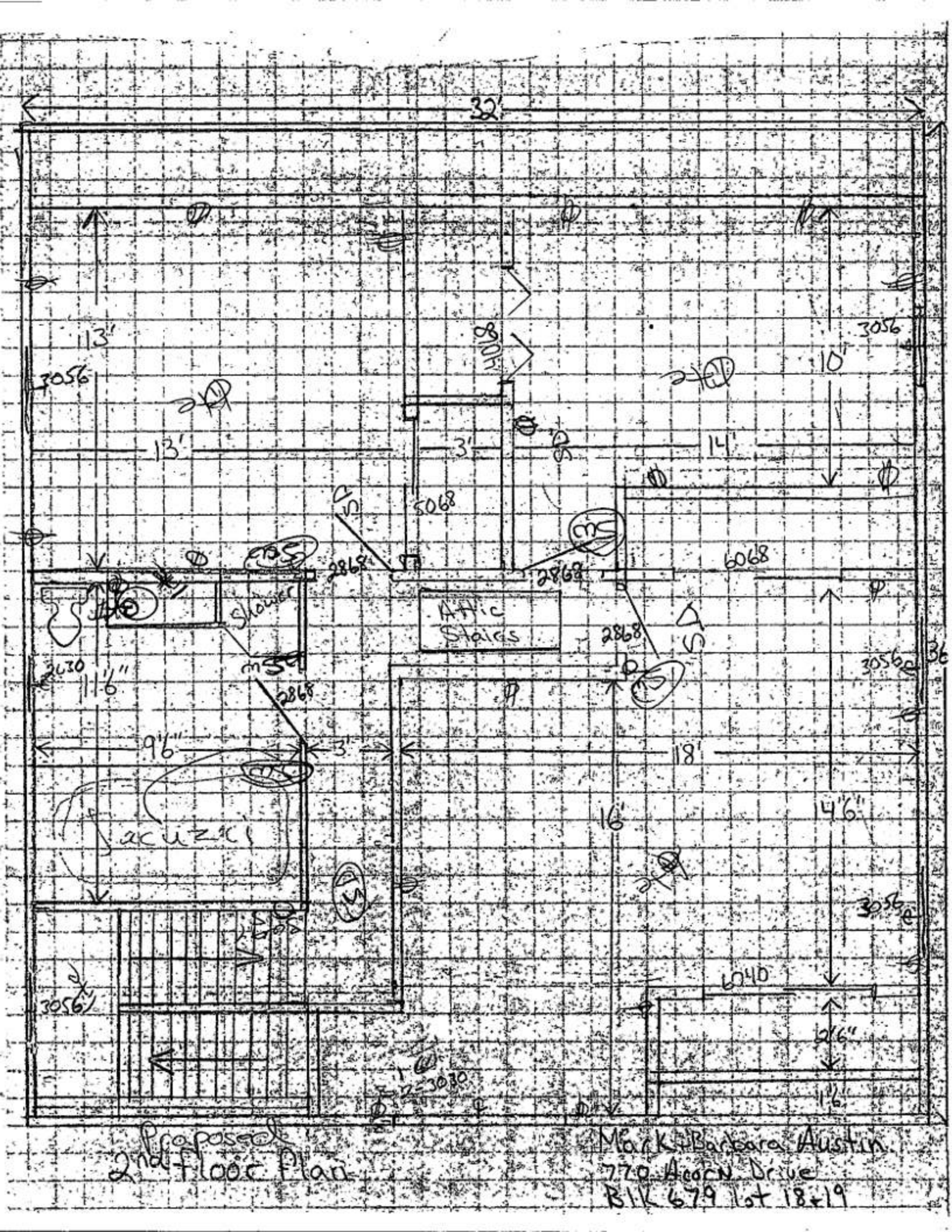


Mark + Barbara Austin
770 Acorn Dr.
Blk 679 Lot 18+19

existing
1st Floor Plan

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing		5-26-99	
Building		6-1-99	
Fire		5-20-99	
Energy			
Electrical		5 26 99	

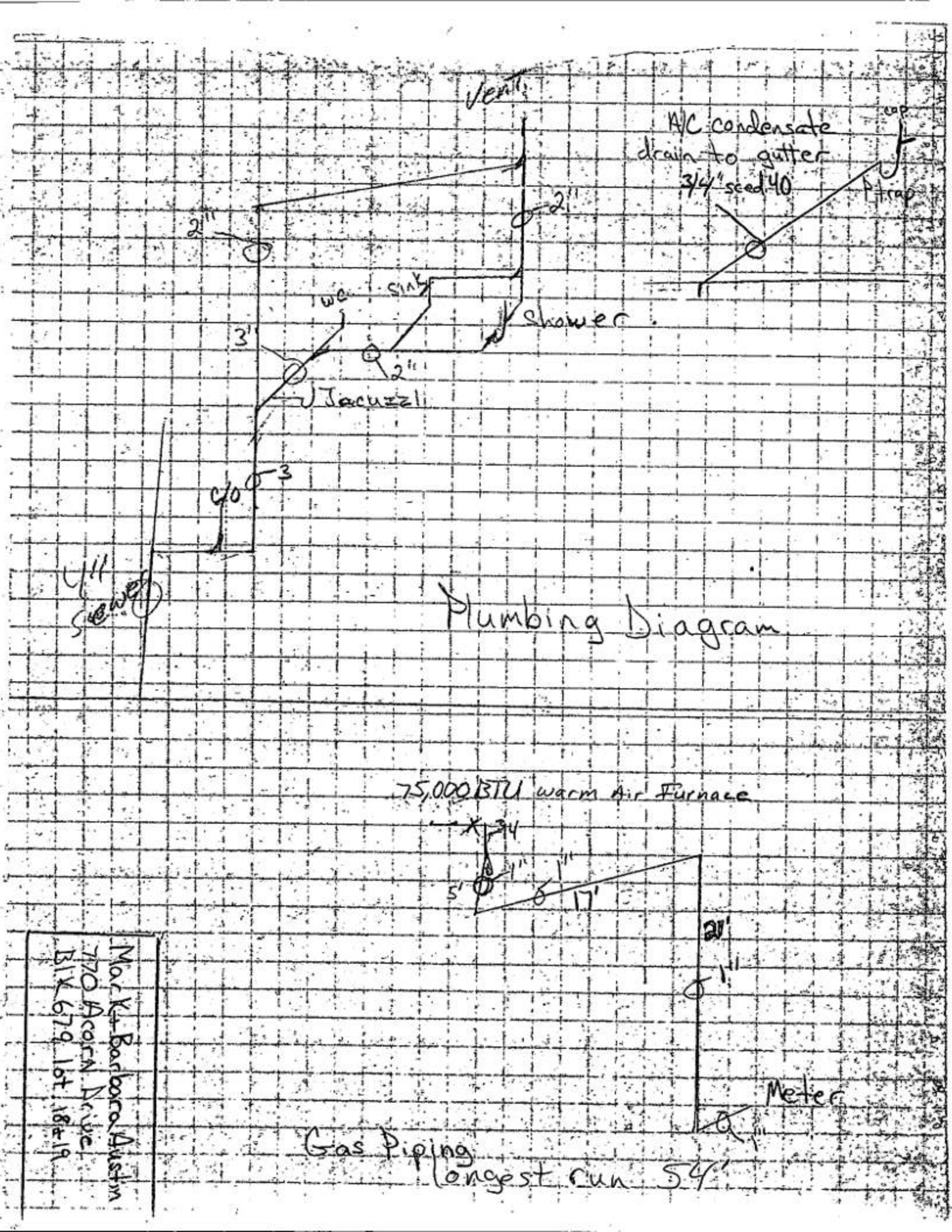


Proposed
2nd floor plan

Mark + Barbara Austin
770 Acorn Drive
Blk 679 lot 18+19

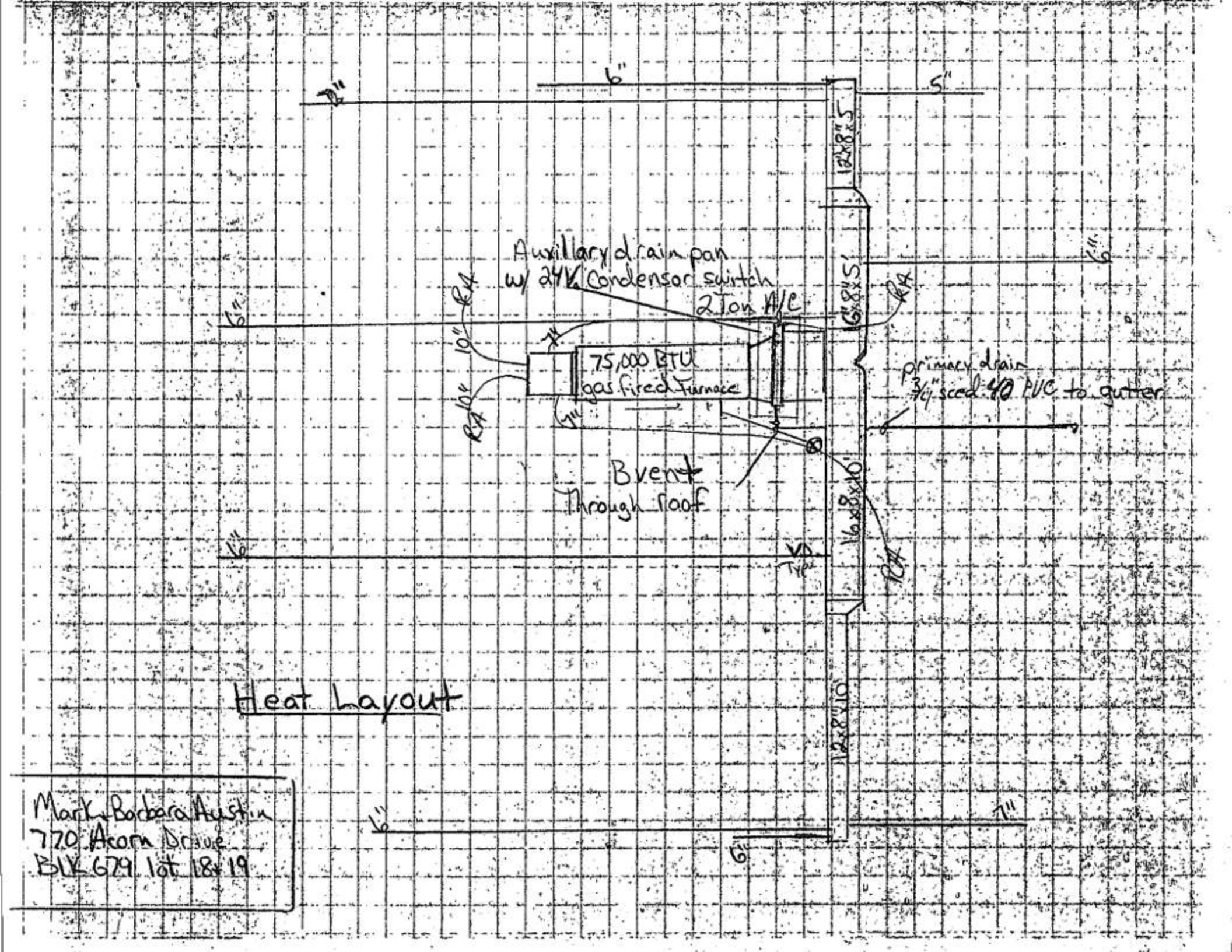
BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing		5-26-99	
Building		6-1-99	KM
Fire		5-20-99	SB
Energy			
Electrical		5 26 99	


Vent
A/C condensate drain to gutter
3/4" sced 40
P trap
cap
2"
2"
WC
sink
Shower
3"
2"
Jacuzzi
3
4"
Sewer
Plumbing Diagram
75,000 BTU warm Air Furnace
3/4
1"
1"
5'
17'
2"
1"
Meter
Gas Piping
longest run 54'
Mark + Barbara Austin
2170 Acorn Drive
Blk 679 lot 18 #19

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing		5-26-99	
Building		6-1-99	FM
Fire		5-20-99	
Energy			
Electrical		5-26 99	


6"
5"
12"x8"x5'
Auxillary drain pan
w/ 24V Condensor switch
2 Ton A/C
16"x8"x5'
16"
10"
10"
75,000 BTU
gas fired Furnace
primary drain
3/4" sced 40 PVC to gutter
4"
Bvent
Through roof
16"x8"x10'
16"
VD
Type
12"x8"x10'
Heat Layout
6"
7"
6"
Mark + Barbara Austin
770 Acorn Drive
BLK 679 lot 18+19

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning	addition	5/14/99	JK
Plumbing	5-26-99		
Building	6-1-99	FM	See Additional Plans
Fire	5-20-99		
Energy			
Electrical	5 26 99		

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 5-26-99

JURISDICTION Alby
(City, County, Township, etc.)

BUILDING LOCATION 770 acorn
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	clarification needed for existing fixtures	
	applicant was called	

06/93

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: _____

JURISDICTION Building (City, County, Township, etc.)

BUILDING LOCATION 770 Acorn (Street address)

BUILDING DESCRIPTION 2nd Floor Addition

REVIEWED BY FM

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	No Certification on Footing & Foundation To Support New LOAD OF occupied 2nd Story over Attic LOAD	
(2)	Copy Method Has Cut much INFO OFF OF Submitted Drawings	
(3)	No Manufacturers Design Specs For Paralam For Capability to Span this Application	
(4)	Sizes & type OF Support For microlam Not indicated on plans	
(5)	Framing members For Dormer NOT Noted	
(6)	No Header sizes over Doors/windows	

06/93

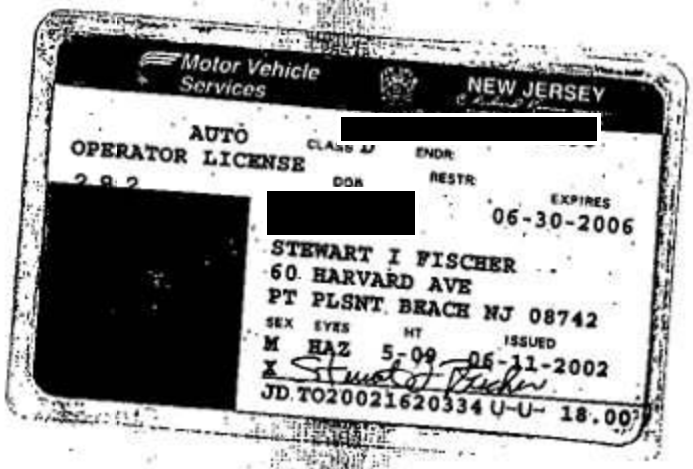
Owner Called FM

See other size

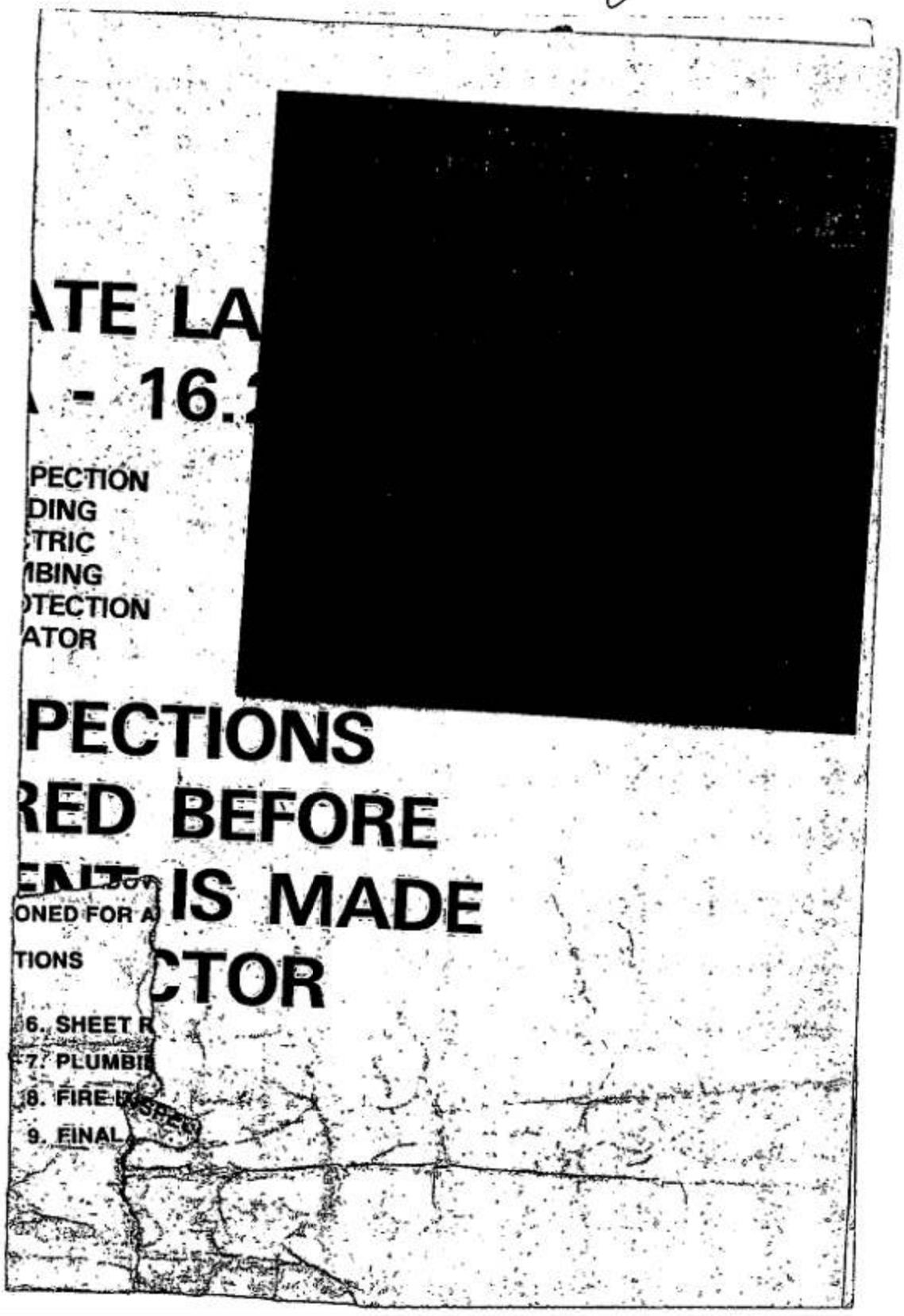
(7) No STAIR info tread/riser width

(8) plan of existing floor-plan cut off

9 Need Better plans


Motor Vehicle Services
NEW JERSEY
AUTO
OPERATOR LICENSE
[redacted]
CLASS
ENDR
DOB
[redacted]
RESTR
EXPIRES
06-30-2006
STEWART I FISCHER
60 HARVARD AVE
PT PLSNT BEACH NJ 08742
SEX EYES HT ISSUED
M HAZ 5-09 06-11-2002
JD.TO20021620334 U-U- 18.00

ok for
Bldg @ per DFN
10/1/13



Brick, New Jersey 08723
Attn: Daniel F. Newman, Jr.
Construction Official

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR MUNICIPAL USE ONLY

Date Received: _____ Date of Response: _____

Request Accepted By: _____ I.D. Checked by: _____

SEE INSTRUCTIONS ON THE OTHER SIDE

Name: Stewart I FISCHER

Address: 60 Harvard Ave.
Point Pleasant Beach, NJ. 08742

Telephone [Day): (609) 290-9975

Information Requested by: XX Homeowner ____ Owner in Fee
____ Architect X Other

Type of Identification Provided:
Picture I.D. X **Drivers License No.** F4634-72469-06495

Other _____

Information Requested:

Information on a Specific Property Address 770 Acorn Drive
Block 679 Lot 18

(✓) **View/Copy Construction Permit / Sub-Code Technical Sections**
99-1906

(____) **View/Copy Construction Plans** [specify survey, site plan, or other identifying information]

(____) **View/Copy Certificate of Occupancy /Approval**

(____) **View/Copy Other** [Specify] _____

which has been adopted by the Municipal Clerk as the Custodian of Records. Some records will be immediately available during normal business hours. Some records will require time to compile and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically. In general:

Immediate access is ordinarily available for to budgets, bills, vouchers, contracts, including collective negotiations agreements and individual employment contracts, and public employee salary and overtime information. Minutes of public meetings will be generally available immediately after the minutes have been approved.

Records which are not readily available or which will require a search of records will be made available as soon as possible and the applicant will be provided with an interim report within seven [7] business days indicating the time which will be required to provide the records.

Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: first page to tenth page, $0.75 per page; eleventh page to twentieth page, $0.50 per page; all pages over twenty, $0.25 per page; for a police accident report there is an additional fee when the request is not made in person of $5.00 for the first 3 pages and $1.00 for each additional page, as provided by *N.J.S.A.* 39:4-131.

Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.

Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Municipal Attorney.

The term "public records" generally includes those records determined to be public in accordance with *N.J.S.A.* 47:1A-1. The term does not include employee personnel files, police investigation records, public assistance files or other matters in which there is a right of privacy or confidentiality or inter-agency or intra-agency advisory, consultative, or deliberative material or other material which is specifically exempted by law.

The applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records. containing personal information pertaining the victim or the victim's family as provided by *N.J.S.A.* 47: lA-l et seq..

This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on: _____

Estimated Number of Pages: _____

Estimated Cost: _____

Deposit: _____
[required where the anticipated cost of reproduction exceeds $5.00]

_____ _____
Applicant Municipal Official

770 Acorn Drive — 67.9 — 18-19
Work Site Address — Block — Lot

Mark + Barbara Austin
Owner's Name, Address, Phone

Same
Contractor's Name, Address, Phone

Construction Single family home
Describe type (Single -family home, etc.)

Demolition Roof -
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 1 - 30 yd dumpster

Name, address and phone of party responsible for removal of debris:
Mark Austins, Same as Above.

Size of dumpster: 30 yd.

Destination of discarded debris: East Coast Carting

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Mark Austin — Signature — 4-20-89
Printed/Typed Name — Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

*Note: Receipts must show certified weights, date of disposal and name and address of disposal center

Chambers Bridge Road
k, New Jersey 08723
732-262-1027

Site Location: [illegible] Date Rec'd:
Block: 679 Lot: 18-14 Date Issued:
Owner in Fee: Mark Austin Control #:
Address: Samu Permit #:

State: Zip: Phone: [redacted]
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: Mark Austin
ADDRESS: 770 Acorn Dr.
Brick NJ 08723
PHONE: 732 926-9474
LIC #:
LIC. EXPIRATION DATE: [redacted]
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal / Bidet
1	Bath Tub
	Lavatory
	Shower
	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $ 1000
Signature:

Owner ☐ Contractor ☐

PCODE APPROVAL:
ANS: Required ☐ Approved ☐
proved by:
te:
ONTRACTOR APPLY SEAL:

BUILDING SUBCODE

CONTRACTOR: Self
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

2nd floor Addition
3 B.R. 1 Bath
32 w 36' x 29 H

Alteration:
installing Stairs + opening
ceiling

TYPE OF WORK

☐ New Building
☑ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: R-3 Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories: 2
Height of Structure: 29'
Area - Largest Floor: ~~768~~ 1152
New Building Area / All Floors: 768
Volume of Structure: 6144 Total Land Disturbed: 0
Signature:

Estimated Cost of Building Work:
New Building (1): $ ~~19,000~~ 20,000
Aleration (2): $ ~~1,106~~ 400
TOTAL (1+2): $ ~~20,000~~ 20,400
SUBCODE APPROVAL:

CONTRACTOR: Self

ADDRESS:

PHONE:

LIC. #: EXP. DATE:

FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	5	
Receptacles	35	
Switches	10	
Detectors	5	
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle	KW	
KW Oven / Surface Unit	KW	
KW Elec. Water Heater	KW	
KW Elec. Dryer / Receptacle	KW	
KW Dishwasher	KW	
HP Garbage Disposal	HP	
KW Central A/C Unit	KW	
HP/KW Space Heater/Air Handler 1150 15 AMPS	HP/KW	
KW Baseboard Heat	KW	
HP Motors 1/+ HP	HP	
KW Transformer/Generator	KW	
AMP Service	AMP	
AMP Subpanels	AMP	
AMP Motor Control Center	AMP	
AMP Elec. Sign/Outline Light	KW	
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $

Signature (print name):

Estimated Cost of Electrical Work: $ 2000

Signature (print name): Mark Austin

Owner ☑ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

CONTRACTOR: Self

ADDRESS:

PHONE:

LIC. #: EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WOR

Heating Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☑ New ☐ Existing

Location of Furnace / Boiler Attic

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervsion

Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fu

Combustable Liquid Storage Tanks Capacity: Fu

L.G.P. Storage Tanks Capacity: Fu

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	5
Heat Detectors	
Total	5
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	1 Furnace
Other	
Other	

Estimated Cost of Fire Protection Work: $ 1000

Signature