

Scanned 21 APR 2016

BLOCK 84.01

LOT 525.01

QUALIFICATION CODE

ADDRESS (SITE) 58 Brower Drive

PERMIT NO.

06-2412



CONSTRUCTION PERMIT APPLICATION

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

06-102534

I. IDENTIFICATION

- Proposed Work Site at: 58 Brower Drive
- Name of Owner in Fee: Robert Cannarozzo
Address 24 E. 31st Street Bayonne NJ 07002
street municipality zip code
- Ownership in fee: Public Private ☒
- Principal Contractor: Robert Cannarozzo
Address 24 E. 31st Street Bayonne NJ 07002
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. FAX: (201) 339-7610
- Architect or Engineer: ALLAN H. BORST Tel. (201) 255-2713
Address 1792 HINDS ROAD TOMS RIVER 08753 Contact ALLAN
- Responsible Person in Charge once Work has Begun Robert Cannarozzo

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	1191	1680	1680
2. Electrical		780	780
3. Plumbing		230	230
4. Fire Protection		135	135
5. Elevator Devices	trees	0	0
6. Subtotal			4
7. Less 20% for State Plan Review		165	165
8. Subtotal			168
9. State Permit Fee Surcharge		124	124
10. Subtotal			16
11. Cert. of Occupancy		6	6
12. Other 2140P			
13. TOTAL		2073	1359

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories 3
- Height of Structure 38'2" ft.
- Area - Largest Floor 7516.5 sq. ft.
- New Building Area 3991 sq. ft.
- Volume of New Structure 62,265 cu. ft.
- Construction Classification
- Total Land Area Disturbed 198.77 sq. ft.
- Flood Hazard Zone
- Base Flood Elevation ft.
- Wetlands yes no
- Max. Live Load
- Max. Occupancy Load

(office use only)

SF Dwelling/Crawl (Will update for subcodes)

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Read by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work	350,000.00	8	6/8/06		7-19-06	RM	7-20-06	8-7-07
2. ☒ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☒ Fire Protection					7-25-06	OR	7-27-07	
6. ☒ Plumbing					8-9-06	RM	7-30-07	
7. ☒ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS								

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:
- No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

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

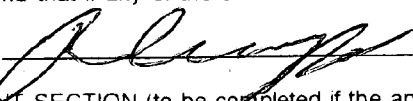
I further certify that I will perform the following work:

- 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 6-1-06

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.

20/02/06

ANY BUILDING QUESTIONS
CALL 732-262-1027

[illegible]

6/8/02

Date:

☐ Zoning permit updates:



CONSTRUCTION PERMIT

Date Issued 07/21/2006
Control # C-06-102534
Permit # 06-2412

IDENTIFICATION Block: 88.01 Lot: 5 Qualifier
Work Site Location: 58 BROWER DR. Brick Township, NJ Contractor CANNAROZZO, ROBERTO & CAROLYN
Address 24 E 31ST ST BAYONNE NJ 07002
Owner in Fee CANNAROZZO, ROBERTO & CAROLYN
Address 24 E 31ST ST BAYONNE NJ 07002
Telephone: [REDACTED]
Lic. No. or Bl Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW SF DWELLING

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$350,000

PAYMENTS (Office Use Only)

Building	\$1,680
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$165
CO Fee	\$168.00
Other	\$60
Total	\$2,073
Check No.	1092
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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



PERMIT UPDATE

Date Update Issued 7/20/2007
Control # C-07-000927
Permit # 06-2412+D

IDENTIFICATION Block: 88.01 Lot: 5 Qualifier
Work Site Location: 58 BROWER DR. Brick Township, NJ Contractor: CANNAROZZO, ROBERTO & CAROLYN
Address: 24 E 31ST ST BAYONNE NJ 07002
Owner in Fee: CANNAROZZO, ROBERTO & CAROLYN
24 E 31ST ST BAYONNE NJ 07002
Telephone: [REDACTED] Lic. No. or Bids. Reg. No.
Federal Employee No.

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS

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 \$3,500

Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$185
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	
Other	\$0
Total	\$190
Check No.	
Cash	\$190
Credit	\$0
Collected By	Inspection Account

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

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

☐ A complete copy of released plans must be kept on the job site.

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



PERMIT UPDATE

Date Update Issued 8/14/2006
Control # C-06-103449
Permit # 06-2412+A

IDENTIFICATION Block: 88.01 Lot: 5 Qualifier
Work Site Location: 58 BROWER DR. Brick Township, NJ Contractor CANNAROZZO, ROBERTO & CAROLYN
Address 24 E 31ST ST BAYONNE NJ 07002
Owner in Fee CANNAROZZO, ROBERTO & CAROLYN
Address 24 E 31ST ST BAYONNE NJ 07002
Telephone: [REDACTED] Telephone [REDACTED]
Lic. No. or Bldg. Reg. No. Federal Employee No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION, GAS BURNING FIREPLACE New SFD

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 \$35,501

Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$480
Plumbing	\$620
Fire Protection	\$135
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	\$124.00
Other	\$0
Total	\$1,359
Check No.	1175
Cash	\$0
Credit	\$0
Collected By	Inspection Account

REQUIRED INSPECTIONS

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

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

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

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

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- ☐ A complete copy of released plans must be kept on the job site.
- If you do not understand any of this information, please ask.



PERMIT UPDATE

Date Update Issued 11/28/2006
Control # C-06-105824
Permit # 06-2412+B

IDENTIFICATION Block: 88.01 Lot: 5 Qualifier
Work Site Location: 58 BROWER DR. Brick Township, NJ Contractor CANNAROZZO, ROBERTO & CAROLYN
Address 24 E 31ST ST BAYONNE NJ 07002
Owner in Fee CANNAROZZO, ROBERTO & CAROLYN
Address 24 E 31ST ST BAYONNE NJ 07002
Telephone: [REDACTED] Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION CHANGING APPROVE FIREPLACE FROM METAL TO MASONRY

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 \$3,000

PAYMENTS (Office Use Only)

Building	\$72
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$76
Check No.	1187
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- ☐ A complete copy of released plans must be kept on the job site.

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



PERMIT UPDATE

Date Update Issued 01/24/2007
Control # C-06-106377
Permit # 06-2412+C

IDENTIFICATION Block: 88.01 Lot: 5 Qualifier
Work Site Location: 58 BROWER DR. Brick Township, NJ Contractor CANNAROZZO, ROBERTO & CAROLYN
Address 24 E 31ST ST BAYONNE NJ 07002
Owner in Fee CANNAROZZO, ROBERTO & CAROLYN
Address 24 E 31ST ST BAYONNE NJ 07002 Telephone: [REDACTED]
Telephone: [REDACTED] Lic. No. or Burs. Reg. No.
Federal Employee No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

AUXILIARY METER, BACKFLOW PREVENTER/LAWN SPRINKLER

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 \$200

Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$65
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$65
Check No.	1191
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

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

☐ A complete copy of released plans must be kept on the job site.

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/16/2008
Control Number C-06-103449
Permit Number 06-2412+A
Permit Issue Date 08/14/2006
Certificate Number 06-2412+A

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 58 BROWER DR. Brick Township, NJ Block: 88.01 Lot: 5 Qual: _____
Owner in Fee: CANNAROZZO, ROBERTO & CAROLYN
Owner Address: 58 BROWER DR BRICK NJ 08723
Telephone: _____
Contractor: CANNAROZZO, ROBERTO & CAROLYN
Address: 24 E 31ST ST BAYONNE NJ 07002
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: AFFIDAVIT
Type of Warranty Plan: ☒ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: GAS BURNING FIREPLACE New SFD

Certificate Comments:

☒ **Certificate of Occupancy**

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

☐ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

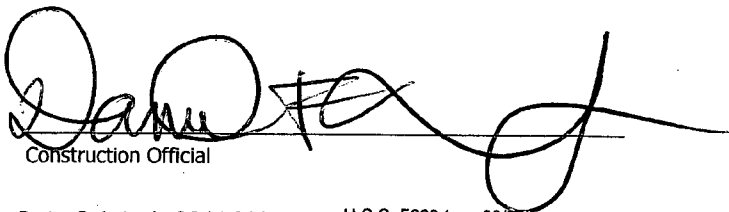
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:


Construction Official

Date Printed: 09/16/2008 U.C.C. F260 (rev. 08/05)

Fee: \$124.00
Check Number: 1175
Collected By: Inspection Account



APPLICATION FOR CERTIFICATE

Permit #
Date Issued
Control #
Certificate Application Received
Certificate Issued

IDENTIFICATION

Work Site Location 58 Brower Drive Block 881.01 Lot 5 Qualification Code ---
Brick NJ 08723
 Owner In Fee Robert Cannarozzo Contractor Robert Cannarozzo
24 East 31st Street Address 24 East 31st Street
Bayonne, NJ 07002 Bayonne, NJ 07002
 License No. [REDACTED]
 Federal Employee No. ---

ACTION

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

USE GROUP --- Previous --- Current ---
 FINAL COST OF CONSTRUCTION: \$ \$375,000.00 to date

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

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

DESCRIPTION OF WORK/USE:

New Single family dwelling

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

SIGNED: [Signature]

OWNER/AGENT

☒ OWNER

☐ AGENT

06-2412

Certificate of Occupancy Single Family Dwelling

Address 58 Brower Dr. Block 88.01 Lot 5

Final Inspections:

1. Final Building
2. Final Electric
3. Final Plumbing
4. Final Fire
5. Certificate of Compliance
6. Final Engineering
7. Final Ocean County Soil
8. Home Owners Warranty / Affidavit

Report of compliance of Ocean County Soils is needed or a report from Ocean County Soils stating that a report of compliance is not needed. The phone number for Ocean County Soils is 609-971-7002.

Building	Approval Date	<u>TCO 8/7/07 FINAL</u>
Plumbing	Approval Date	<u>TCO 7/30/07 FINAL 6-19-08</u>
Fire	Approval Date	<u>7/28/07</u>
Electrical	Approval Date	<u>7/30/07</u>
/Cert. Of Compliance	Approval Date	<u>7/31/07</u>
<u>HOW</u> / Affidavit	Approval Date	<u>7/31/07</u>
/Engineering	Approval Date	<u>8-14-07</u>
/Soil	Approval Date	<u>7/31/07</u>
Affordable Housing	Approval Date	<u>8/2/07</u>
Occupancy Load	Approval Date	<u>N/A</u>
Garbage Can Receipt	Approval Date	<u>Demo</u>
/CO Application	Approval Date	<u>7/31/07 9-19-08</u>

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

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

CERTIFICATE OF COMPLIANCE

Date 7/24/07

NAME Robert Cannarozzo

ADDRESS 58 Brower Dr Brick NJ 08723

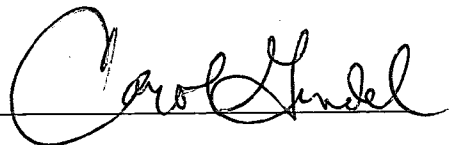
PROPERTY LOCATION 58 Brower Dr

Aux C413726

Account No C293602 Block 88.1 Lot 5

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

For the Authority





OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731

Phone 609-971-7002

Fax 609-971-3391

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL

MUNICIPALITY: Brick

PROJECT: Lannarozzo - one lot

SCD NO.: 11800

BLOCK NO.(s) 1

LOT NO.(s) 1

Final Compliance ☒

Conditional Compliance ☐

Block No.	Lot No.	Conditions
88.01	525.01	58 Brower DR
TOTAL FEES DUE: \$ _____		

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 7/30/07

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

INSPECTOR: R. CapenDATE: 8/14/07JOB: 14SECTION: 10011007TYPE OF WORK: FinalWEATHER: ClearLOCATION: 58 Brower DrTEMPERATURE: 75BLOCK: 88.1LOT: 5

**ENGINEERING RECOMMENDATIONS FOR
CERTIFICATE OF OCCUPANCY
INSPECTION CHECK LIST**

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	<u>FINAL</u>
8. Safety	✓	<u>FINAL 1-19-08</u>

COMMENTS REFERENCING ITEM NUMBER:

POOL TO BE FINISHED ON SEPARATE PERMIT
FENCE OFF, FOR SAFETY

RECOMMENDATIONS:

☐ TEMP. C.O.☒ FINAL C.O.☐ DETAILED REINSPECTION☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

Authorized representative of

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



APPLICATION FOR CERTIFICATE

Permit #
Date Issued
Control #
Certificate Application Received
Certificate Issued

IDENTIFICATION

Work Site Location 58 Brower Drive Block 881.01 Lot 5 Qualification Code _____
Brick NJ 08723
Owner In Fee Robert Cannarozzo Contractor Robert Cannarozzo
Address 24 East 31st Street Address 24 East 31st Street
Bayonne, NJ 07002 Bayonne, NJ 07002
License No. _____ Tel. (201) 481-3237
Tel. (201) 481-3237 Federal Employee No. _____

ACTION

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

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ \$150,000.00 to date

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integrated equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

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

Trying to enroll my daughter in grade school for September, 2007,

DESCRIPTION OF WORK/USE:

New Single family dwelling

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

SIGNED: _____

OWNER/AGENT

☒ OWNER

☐ AGENT

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK: 88.01 LOT: 5.5.01
SITE ADDRESS: 58 Brower Dr.
CONTROL #: 06-102534 WORK TYPE: SF Dwelling
APPLICANT: Robert Cannarozzo PHONE # [REDACTED]
APPLICANT ADDRESS 24 E. 31st St. CITY/STATE/ZIP: Bayonne, NJ 07002

MANDATORY DEVELOPER FEES

☒ Residential is 1% Business Name:
☐ Commercial is 2%
☐ Waiver Signed for estimated Mandatory Development Fee

The estimated equalized assessed value:

Residential \$478,920.00
Commercial

06/22/2006
Date

The final equalized assessed value at the above referenced site is:

Residential \$ 420,400.00
Commercial

07/24/2007
Date

Prel. Fee (Res) \$ 2,394.60

Final Fee (Res) \$1,809.40

Prel. Fee (Comm) \$ -

Final Fee (Comm) \$ -

Waiver Fee(Res. Only)

Check # 3797

Check # 4097

Date Paid 06/26/2006

Date Paid 08/02/2007

Total Fee Paid (Res) \$ 4,204.00

Total Fee Paid (Com) \$ -

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.


Authorized Signature – Township of Brick

ENGINEERS & ARCHITECTS
ARCHITECTS, ENGINEERS, SURVEYORS, PLANNERS
#29 Central Ave., Toms River, NJ 08753
(732) 244-4466 fax: (732) 341-7787

September 15, 2006

Brick Twp. Construction Official
401 Chambers Bridge Rd.
Brick, NJ 08723

Re: lots 5 & 5.01, block 881
58 Brower Dr.

Dear Construction Official:

ACME PILE COMPANY placed a 20' long, 8" butt, CCA treated for foundation use, timber pile to a depth of 19' using a Compactor/ Driver.

Driver: NPK C100C

HP 46%

Eff 50%

A = 550 Ft. Lbs./Sec.

B = Hammer weight = 3530

Rp = Rate of Penetration Ft./Sec. = 0.2

Q = Frequency H2 = 36.7

SL = Soil Loss Factor Ft./Sec./Cycle = 0.0088.

Hp = Horsepower delivered to the pile = 23.3.

L = load in tons.

$L = \frac{A(HP)N}{B} + \frac{B}{Rp} + Q SL$

$(550)(23.3) + 3530(0.2) + 36.7(0.0088)/2000 = 16.1 \text{ tons.}$

The remaining 47 piles were driven to the same depths and bearings.

Respectfully,


Edward F. Angster, R.A. #C6316



Engineered Wood Products

88.01/5

4/4/07

To: Robert Cannarozzo
From: Duke Jantorno
Re: 58 Brower Dr, Brick N.J. 08723
Boise Drawing # 0606377

To Whom It May Concern, on Monday April 2 2007, a representative from Boise visited the job site at the address above to review the installation of the Boise Engineered Wood floor system. The Boise Engineered wood floor is installed in accordance with the Boise Framing plan 0606377. It follows all applicable Boise framing details and is an acceptable installation.

There are many elements that go into the construction of a house, and the floor system is just one part of a larger structure. Ultimately the responsibility for that structure to pass national and local building codes falls under the building department's jurisdiction.

If there are any questions on this matter please do not hesitate to call me @ 6098288646.

Sincerely

Duke Jantorno
Technical Representative
Boise Engineered Wood Products

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:

Ruthanne Scaturro - President
Joseph Sangiovanni - Vice President
Brian DeLuca
Anthony Matthews
Kathy M. Russell
Michael A. Thulen, Sr.
Dan Toth



Department of Community Development & Land Use

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

June 12, 2008

Robert Cannarozzo
24 E. 31st Street
Bayonne, NJ 07002

RE: Permit #06-2412
58 Brower Drive
Single Family Home

Dear Mr. Sumaya:

Please be advised that the above named permit is still open due to the fact that has never passed final inspection of Building and Plumbing.

You must contact us at (732) 262-4627 to schedule these required final inspections. Should you not comply you may be subject to a Violation and fine of up to and including \$2,000.00.

Sincerely,

Daniel F. Newman, Jr.
Construction Official

c: File/prmtjkt



DRAFT

88.01/5

March 30, 2007

Brick Township Building Department
401 Chambersbridge Road
Brick Township, New Jersey 08723

Reference project: Cannarozzo Residence, 58 Brower Drive, "Sandy Point", Brick Township, NJ

Re: GPI joist substitution.

Attention: Mr. Kenneth Kiseli, Building Inspector.

Dear Ken,

This letter is in response to your request for a letter of acceptance regarding the substitution of BCI (Boise Cascade) joists in lieu of TJI (Truss Joist) joists as specified on the plans prepared by this office for the above referenced project.

I find the substitution to be acceptable only if the joists are equivalent or better than the design properties of the TJI's specified on my plans. In addition, the Boise Cascade framing plans submitted to you as required are sealed by a licensed Professional Engineer. The BCI plans must be reviewed by and found to be acceptable to the Brick Township Building Department.

If you have any further questions, please do not hesitate to contact this office.

Sincerely,

Allan H. Borst AIA
NJ Registration No. 12171

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

12/21/06 **APPLICATION FOR AUXILIARY WATER METER**

Date: ~~11/28/06~~

Applicant's Name: Robert Cannarozzo

Telephone N [REDACTED]

Mailing Address: 58 Brower Drive, Brick, NJ 08723

Service Location: 58 Brower Drive, Brick, NJ 08723

Account Number: 0293602

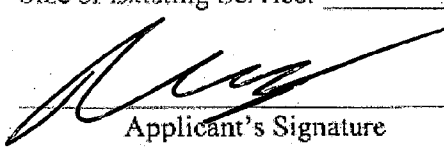
0413726

Block: 88.1

Lot: 5+5.01

Size of Existing Service: 1"

Size of Existing Meter: _____


Applicant's Signature


Authority Representative

THIS APPLICATION IS VALID FOR 30 DAYS FROM DATE OF APPLICATION.

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule applicable to water usage.

After completing this application the following steps must be taken:

1. Obtain a special device permit from the Township of Brick Plumbing Department.
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke. A valve before and after the meter is required as well as a backflow preventer.
3. Call the Township of Brick Plumbing Department (732- 262 4627) for inspection.
4. After inspection by Brick Township Plumbing Department, call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the permit is issued, the inspection is approved, the meter is installed and that the water is not used prior to the meter being installed. Failure to comply may result in tampering fee of \$250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued at the rate of \$4.82 per 1,000 gallons.

Robert & Carolyn Cannarozzo
24 East 31st Street
Bayonne, NJ 07002
Home 201-437-8753 Cell 201-481-3237

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

November 14, 2006

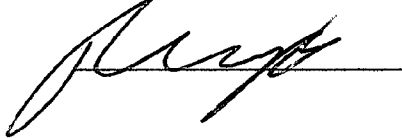
RE: Up date permit
New single family home
58 Brower Drive
Brick, NJ 08723

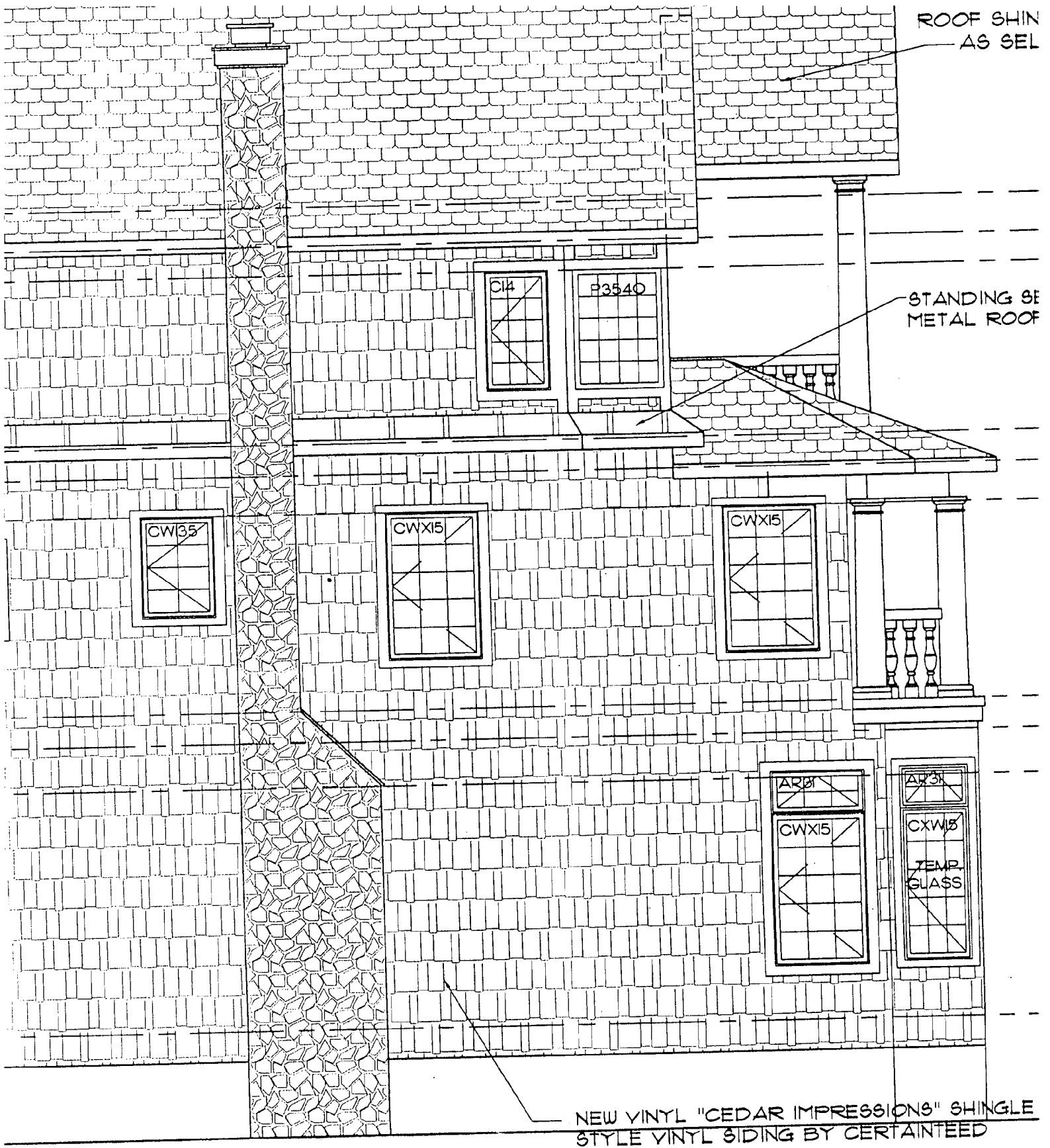
Dear Sirs,

Please review this update for the change of a metal box fireplace to a Masonry Fireplace, my Permit # 06-2412+A. All details for a Rumford fireplace is enclosed, all components are from Superior Clay Company.

Please if there is any other information you may require or I may have missed please feel free to call me at [REDACTED]

Thank you,
Robert Cannarozzo

A handwritten signature in dark ink, appearing to read 'Robert Cannarozzo', written over a horizontal line.



STANDING SEAM
METAL ROOFING



1"X 4" PVC TRIM ON
1" X 8" PVC TRIM BD

1"X 4" PVC TRIM

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:

Anthony Matthews - President
Stephen C. Acropolis - Vice-President
Kathy M. Russell
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thulen, Sr.
Dan Toth



Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
<http://www.twp.brick.nj.us>

Date: 11-16-06

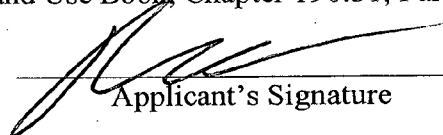
PLOT PLAN EXEMPT FORM

Block: 88-1 Lot: 5

Property Address: 58 Brower DR.

I, ROBERT CANVAROZZO of 58 Brower DR.
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.


Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

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

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments: _____

(Please Type or Print Neatly in Ink, Not Pencil)

March 2003-----

12/3
11/16/18



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 88.01 Lot 5 + 501 Qualification Code _____

Work Site Location 5-8 BROWER DR.

Owner in Fee BLACK NIS

Address ROSE + GANNARZO

241 EAST 31ST

Tel () 2002

Contractor Charles Noel Elect

Address 39 Hudson Ave

LI J Penhouse 117.01774

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☒ New or ☐ Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: ☒ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System: _____

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Location: _____ Location of Main Control Valve: _____

Fuel Storage Tank: _____

Fuel Type: ☐ Flammable or ☐ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 2000.00

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW			Type:	Failure	Approval	Initial
☐ No Plans Required	Alarm System			<u>7-25-07</u>	<u>7-25-07</u>	<u>[Signature]</u>
Joint Plan Review Required:			Suppression Sys.			
☐ Building ☐ Plumbing	Standpipe					
☐ Electric ☐ Elevator	Fire Pump					
☒ Fire Plans Approved	Pre-Eng. System			<u>7-25-07</u>	<u>7-25-07</u>	<u>[Signature]</u>
Date: <u>7-28-07</u>	Mechanical					
Approved by: <u>[Signature]</u>	Smoke Control					
SUBCODE APPROVAL			TCO			
☐ CO ☐ LCCO ☐ CA	Flam/Combust Tanks					
Date: <u>7-28-07</u>	Fireplace Venting			<u>7-25-07</u>	<u>7-25-07</u>	<u>[Signature]</u>
Approved by: <u>[Signature]</u>	Final			<u>7-25-07</u>	<u>7-25-07</u>	<u>[Signature]</u>
	Other					

U.C.C. F140 (rev. 1/04)
1 White = Inspector Copy
3 Pink = Office Copy

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

NUMBER

FEE (Office Use Only)

Flammable/Combustible Tanks _____

Alarm Systems

☒ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow) 16

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances ☒ Gas or ☐ Oil

Fireplace Venting/Metal Chimney

Other Gas Fireplace

Furnace

Range

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

06-2412+1A
8-14-06

~~Mybentans~~

used to set up / 10' of all bottoms

56 - 7/27/07

change of contractor + update
update 06-24-07 TC



PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 880 Lot 51501 Qualification Code 0
Work Site Location Back 58 Brower Dr
Owner in Fee Robert Cannarozzo
Address 241 East 31st
BAYONNE NJ 07002
Tel (908) 377-9350 FAX ()
Contractor License No. 11910
Federal Emp. No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Private Septic
Building Sewer Size Public Sewer
Water Service Size Public Water
Est. Cost of Plumbing Work \$ \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Type:	Failure	Approval	Initial	
☐ Building	Slab				
☐ Fire	Rough				
☐ Plumbing Plans Approved	Water				
Date: <u>12/10/06</u>	Sewer				
Approved by: <u>[Signature]</u>	Fixtures				
SUBCODE APPROVAL					
☐ CO	Gas Equipment				
☐ CC	Gas Piping				
☐ CA	LPGas Tank				
Date: <u>1-24-07</u>	Fuel Oil Piping				
Approved by: <u>[Signature]</u>	Solar				
	TCO				
	<u>[Signature]</u>				<u>1-24-07</u>

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
[Signature] Licensed Plumbing Contractor [Signature] Exempt Applicant

U.C.C. F130
(rev. 01/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received
Control # 1124/07
Date Issued
Permit # 06-242TC

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other <u>AUXILIARY Meter</u>	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 65-

PERMIT # 06-2412

LOT: 88-01

BLOCK: 88.01

FRAMING CHECKLIST

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

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

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOOTS
☒ 1ST
☒ 2ND
☒ 3RD
☒ 4TH
☒ 5TH
☒ 6TH
☒ 7TH
☒ 8TH
☒ 9TH
☒ 10TH
☒ 11TH
☒ 12TH

STRAPS

☒ 1ST
☒ 2ND
☒ 3RD
☒ 4TH
☒ 5TH
☒ 6TH
☒ 7TH
☒ 8TH
☒ 9TH
☒ 10TH
☒ 11TH
☒ 12TH

2. SILL PLATES:

☒ SIZE
☒ GRADE, SPECIES
☒ TREATMENT
☒ LAPS
☒ SILL SEALER
☒ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
☒ TERMITE PROTECTION

3. BEAM POCKETS:

☒ BEARING/SHIMS
☒ TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

☒ SIZED PER PLAN
☒ ATTACHMENT/PLATES
☒ SPACING/LOCATION
☒ PAINT/COATING

B. FLOOR FRAMING AND FLOORING

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

1ST 2ND 3RD FLOOR
☒ SIZED PER PLAN
☒ TYPE
☒ GRADE, SPECIES
☒ LOCATION AND RELATION TO THE PLAN
☒ NAILING
☒ ATTACHMENT SCHEDULE
☒ BEARING
☒ LAPPING

3. FLOOR JOIST:

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

4. FLOORING, SHEATHING, OR DECKING:

1ST 2ND 3RD FLOOR
☒ MATERIAL
☒ PANEL SPAN, THICKNESS

5. STAIR ATTACHMENT:

1ST 2ND 3RD FLOOR
☒ BEARING
☒ NAILING

SPECIAL REQUIREMENTS

☒ EDGE BLOCKING (IF REQUIRED)
☒ GAPPING
☒ LAYOUT

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

Responsible Person in Charge of Work: Rosetta Chumbea Date: 3-30-07

Building Inspector Initials: Red

Date: 03/30/07

C. WALL FRAMING

1. EXTERIOR WALL FRAMING:

1 ST	2 ND	3 RD	FLOOR	SIZE	SPACE	SPECIES AND GRADE	CUTTING, NOTCHING, AND BORING	HEADER SIZES	JACK STUD BEARING
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TOP PLATES									
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**BUILDING SUBCODE
TECHNICAL SECTION**



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

Block 88.1 Lot 5 Qualification Code _____
Work Site Location BRICK, NJ XXXXX08732

OW ROBERT CANNARO
Tel [REDACTED] e-mail [REDACTED]

Address 824 EAST 31st STREET, BAYONNE, NJ XX07002
municipality

Contractor: SELF (HOMEOWNER)

Address 24 EAST 31st STREET, BAYONNE, NJ 07002
Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required	<u>11-22-06</u>	<u>[Signature]</u>	Type: <u>Footing</u>				
☒ All			<u>Footings Bonding</u>				
☐ Footing			<u>Foundation</u>				
☐ Foundation			<u>Slab</u>				
☐ Frame			<u>Frame</u>				
☐ Other			<u>Truss Sys./Bracing</u>				
Joint Plan Review Required:			<u>Barrier-Free</u>				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			<u>Insulation</u>				
SUBCODE APPROVAL			<u>Finishes -Base Layer</u>				
☐ CO ☐ CCO ☐ CA			<u>Finishes -Final</u>				
Date: _____			<u>Energy</u>				
Approved by: _____			<u>Mechanical</u>				
			<u>TCO</u>				
			<u>Other</u>				
			<u>Final</u>				
			<u>Barrier-Free</u>				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>3000</u>
No. of Stories			2. Rehabilitation \$ _____
Height of Structure _____ Ft.			3. Total (1 + 2) \$ _____
Area — Largest Floor _____ Sq. Ft.			
New Bldg. Area/All Floors _____ Sq. Ft.			
Volume of New Structure _____ Cu. Ft.			
Total Land Area Disturbed _____ Sq. Ft.			

U.C.C. F110
(rev. 01/05)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received
Control #

Date Issued
Permit #

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

CHANGING APPROVED FIREPLACE
FROM METAL TO MASONRY

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☒ Other **FIREPLACE**
- ☐ Demolition

FEE (Office Use Only)

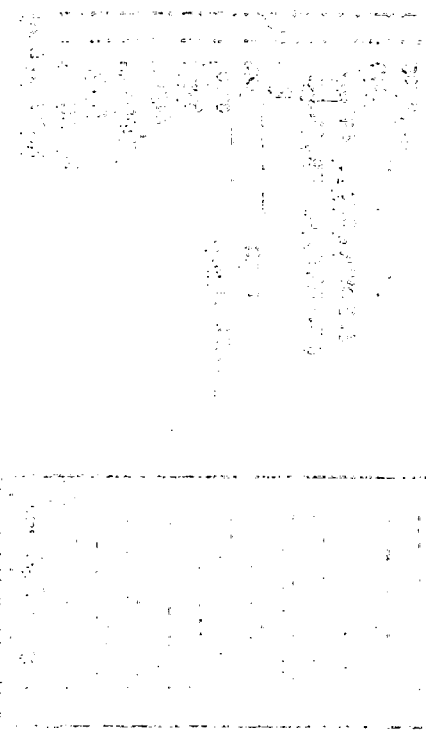
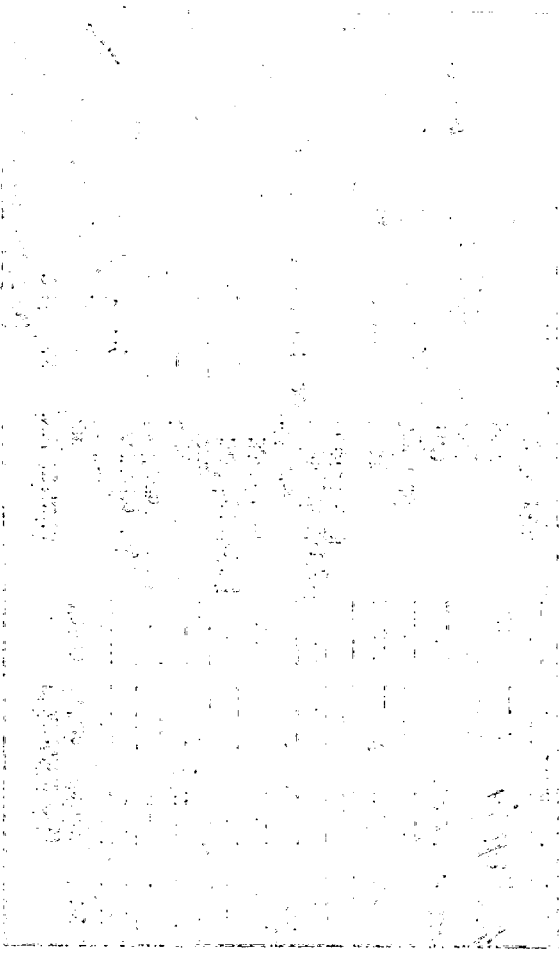
\$ _____

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

2118007
20/11/8

ADONIS
ETAC
NOUVEAU
RC

08/07/07 REAR STEERING NOT DONE YET
DOORS SECURED + POSTED "NOT IN USE"





BUILDING SUBCODE TECHNICAL SECTION



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

Block 88.1 Lot 5.01 Qualification Code _____
Work Site Location 58 Brower Drive Brick

Owner in Fee Robert Cannarozzo
Address 44 E. 31st Street
Bayonne NJ 07002

Contractor Robert Cannarozzo
Address 44 East 31st Street
Bayonne NJ 07002

Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)				
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type: ☐ Footing	Failure Approval Initial
☒ All			☒ Footing Bonding	
☒ Footing Foundation	<u>only 7-19-01</u>		☐ Slab	
☐ Frame			☐ Frame	
☐ Other			☐ Truss Sys./Bracing	
Joint Plan Review Required:			☐ Barrier-Free	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			☐ Insulation	
SUBCODE APPROVAL			☐ Finishes -Base Layer	
☐ CO ☐ CCO ☐ CA			☐ Finishes -Final	
Date: _____			☐ Energy	
Approved by: _____			☐ Mechanical	
			☐ TCO	
			☐ Other	
			☐ Final	
			☐ Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>350,000.00</u>
No. of Stories	<u>3</u>		2. Rehabilitation \$ _____
Height of Structure	<u>38' 2"</u>		3. Total (1+2) \$ <u>350,000.00</u>
Area — Largest Floor	<u>1516.5</u>		
New Bldg. Area/All Floors	<u>3991</u>		
Volume of New Structure	<u>62,205</u>		
Total Land Area Disturbed	<u>198.77</u>		

Date Received _____
Control # _____
Date Issued 7/2/04
Permit # 00-2442

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

New Single Family Home
Footing & Foundation Only
As Built Foundation Survey Record
Silt Fence must be in place

TYPE OF WORK:
☒ New Building
☐ Addition
☐ Rehabilitation
☒ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Office Use Only)
\$ _____

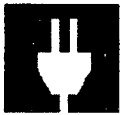
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

U.C.C. F110
(rev. 07/03)

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 88 Lot 5+5.9 Qualification Code _____

Work Site Location 58 Blower Dr.

Owner in Fee Basco NJ

Address Roseart 07062

City East 31

State N.J. ZIP 07002

Contractor Charles Neil Elect

Address 39 Hudson Ave.

City W. Kensington State N.J. ZIP 07134

Tel (732) 778-9608 FAX (732) 778-9608

Contractor License # [REDACTED]

Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 18,300

WR 314652950

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☐ No Plans Required	Type: _____
Joint Plan Review Required:	_____
☒ Building ☐ Plumbing	Barrier-Free _____
☐ Fire ☐ Elevator	Trench _____
☐ Elec. Plans Approved	Temp. Serv. _____
Date: <u>8/9/06</u>	Const. Serv. _____
Approved by: <u>WM</u>	TCO _____
	Other _____
	Service _____
	Final _____
	Barrier-Free _____
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued _____
☒ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued <u>12/6/06</u>
Date: <u>7/30/07</u>	Annual Post-Inspection _____
Approved by: <u>WM</u>	Date of Grounding and Bonding Certification _____

Date Received
Control #

Date Issued
Permit #

06-2412-A
8-14-06

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 Elec. Contractor ☐ Certifd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY SIZE ITEMS

25 Lighting Fixtures

80 Receptacles

40 Switches

10 Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Funder

FEE (Office Use Only)

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

41-28-06

DRIVE WAY TO POLE, NO # 80 YET OF POLE



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 88.01 Lot 5 Qualification Code _____
Work Site Location 5880 New Dr

Owner in Fee Robert C. Anderson 08223

Address 245 East 31 Street

Tel 787-4447 71662

Contractor Charles Neal Electrical Contractors

Address 39 Hudson Ave 07734

Tel (732) 787-4447 FAX (732) 495-5005

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 33500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☒ No Plans Required			Rough			
Joint Plan Review Required:			Barrier-Free			
[] Building [] Plumbing			Trench			
[] Fire [] Elevator			Temp. Serv.			
[] Elec. Plans Approved			Constr. Serv.			
Date: <u>3/4/07</u>			TCO			
Approved by: <u>VM</u>			Other			
			Service			
			Final			
			Barrier-Free			
			Temp. Cut-in-Card Date Issued			
			Final Cut-in-Card Date Issued			
			Annual Pool Inspection			
			Date of Grounding and Bonding			
			Certification			

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 73007

Approved by: VM

Date Received

Control #

Date Issued

Permit #

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 Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 88.04 Lot 5 Qualification Code _____

Work Site Location 5880 Lower Dr

Owner in Fee Robert Chalmers NS. 08273

Address 241 East 31 Street 07000

City W. Valley Forge NJ 07000

Contractor Charles Neal Electrical Contractors

Address 39 Hudson Ave

City W. Valley Forge NJ 07000

Tel (732) 787-4947 FAX (732) 495-5005

Contractor License No. 7662

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ \$3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
No Plans Required	Date Initial	Type:	Failure	Approval	Initial
☒		Rough			
Joint Plan Review Required:		Barrier-Free			
☐	☐	Plumbing			
☐	☐	Trench			
☐	☐	Temp. Serv.			
☐	☐	Elevator			
☐	☐	Constr. Serv.			
☐	☐	TCO			
☐	☐	Other			
☐	☐	Service			
☐	☐	Final			
☐	☐	Barrier-Free			
☐	☐	Temp. Cut-in-Card Date Issued			
☐	☐	Final Cut-in-Card Date Issued			
☐	☐	Annual Pool Inspection			
☐	☐	Date of Grounding and Bonding Certification			

DATE: 3-1-07
APPROVED BY: ML

SUBCODE APPROVAL
[] CO [] CCO [] CA

Date: _____
Approved by: _____

Date Received
Control #

Date Issued
Permit #

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 Elec. Contractor [] Certifd Landscape Irrigation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

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



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 88.01 Lot 5 Qualification Code _____
Work Site Location 5880 Lower Dr

Owner in Fee Agboat Cnva 2020

Address 24 East 31 Street

Tel ██████████ ██████████

Contractor CHARLES NEAL ELECTRICAL CONTRACTORS

Address 39 HUDSON AVE

Tel (732) 787-4947 FAX (732) 495-5005

Contractor License No. 7662

Federal Emp. No. ██████████

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. 3500

Est. Cost of Elec. Work \$ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☒ No Plans Required			Rough			
Joint Plan Review Required:			Barrier-Free			
[] Building [] Plumbing			Trench			
[] Fire [] Elevator			Temp. Serv.			
[] Elec. Plans Approved			Constr. Serv.			
Date: <u>3/4/07</u>			TCO			
Approved by: <u>VM</u>			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Data Issued			
[] CO [] CCO [] CA			Final Cut-in-Card Data Issued			
Date: _____			Annual Pool Inspection			
Approved by: _____			Date of Grounding and Bonding Certification			

Date Received
Control #

Date Issued
Permit #

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

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

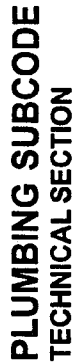
AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

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



Block 88M Lot 57501 Qualification Code _____
 Work Site Location 58 Brown Dr
Back N.Y. 08723
 Owner in Fee Robert Cannon 2020
 Address 274 East 31st
Kearney N.Y. 07002

Contractor ~~Supreme Plumbing~~ Supreme Plumbing
Address 199 Tru-Bing Place
Tel (908) 377-9350 FAX ()
Contractor License No. 11910

Use Group	Present	Proposed
Building Sewer Size		Public Sewer
Water Service Size		Public Water
Est. Cost of Plumbing Work	\$	Private Septic Private Well

PLAN REVIEW		INSPECTIONS		Failure	Failure	Approval	Initial
		Type:					
☐	☐ No Plans Required	Slab					
☐	Joint Plan Review Required:	Rough					
☐	☐ Building ☐ Electric	Water					
☐	☐ Fire ☐ Elevator	Sewer					
☐	☐ Plumbing Plans Approved	Fixtures					
Date: <u>12/19/10</u>		Gas Equipment					
Approved by: <u>[Signature]</u>		Gas Piping					
SUBCODE APPROVAL		LPGas Tank					
☐	☐ CO ☐ CCO ☐ CA	Fuel Oil Piping					
Date: _____		Solar					
Approved by: _____		TCO					

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 Plumbing Contractor ~~John~~ Exempt Applicant

U.C.C. F130
(rev. 01/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

D. TECHNICAL SITE DATA (List of all fixtures.)

[illegible]

Water Closet	
Urinal/Bidet	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bibb	
Water Heater	
Fuel Oil Pipeline	
Gas Piping	
LPG Gas Tank	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	1
Grease Trap	
Sewer Connection	
Water Service	
Stacks	
Other	
Other	1

Other ALIEN Motel

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

Date Received
Control #

Date Issued _____
Permit # _____

FEE (Office Use Only)

Update of Contract (HOT) + update

update 06-04-12 + C



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 88.9 Lot 58 Brower Dr Qualification Code 08223
Work Site Location 58 Brower Dr
Owner in Fee ROBERT CANNARIZZO
Address 241 EAST 31 ST
RAVONNE NJ 07002
Tel (904) 377-9350 FAX ()
Contractor License No. 11910
Federal Emp. No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic Private Well
Building Sewer Size Public Water Private Well Public Water
Water Service Size 200"
Est. Cost of Plumbing Work \$ 200,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Initial	Type:	Failure	Failure	Approval
☐ Building ☐ Electric		Slab			
☐ Fire ☐ Elevator		Rough			
☐ Plumbing Plans Approved		Water			
Date: <u>12/14/12</u>		Sewer			
Approved by: <u>[Signature]</u>		Fixtures			
SUBCODE APPROVAL		Gas Equipment			
☐ CO ☐ CCO ☐ CA		Gas Piping			
Date: <u>12/14/12</u>		LPG Gas Tank			
Approved by: <u>[Signature]</u>		Fuel Oil Piping			
		Solar			
		TCO			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) 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 Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. FIXTURE/EQUIPMENT

Water Closet 1
Urinal/Bidet 1
Bath Tub 1
Lavatory 1
Shower 1
Floor Drain 1
Sink 1
Dishwasher 1
Drinking Fountain 1
Washing Machine 1
Hose Bibb 1
Water Heater 1
Fuel Oil Piping 1
Gas Piping 1
LPG Gas Tank 1
Steam Boiler 1
Hot Water Boiler 1
Sewer Pump 1
Interceptor/Separator 1
Backflow Preventer 1
Greasetrap 1
Sewer Connection 1
Water Service Connection 1
Stacks 1
Other 1
Other AUXILIARY METAL

FEE (Office Use Only)
\$ 165-

Administrative Surcharge \$ 165-
Minimum Fee \$ 165-
State Permit Surcharge Fee \$ 165-
TOTAL FEE \$ 165-



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received
Control #
Date Issued
Permit #

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

Block 86.1 Lot 5 Qualification Code _____

Work Site Location 56 BROOKER DRIVE
BRICK, NJ 08732

Owner in Fee: RODOLFO CARRASCO

Tel. [REDACTED] e-mail RODOLFO@CARRASCO.COM

Address 624 EAST 31ST STREET, BRIDGE, NJ 08802

Contractor: SELF (HOMEOWNER) Tel. [REDACTED]
street municipality

Address 24 EAST 31ST STREET, LAYTONHILL, NJ 07002

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Failure	Approval	Failure	Initial
☐ No Plans Required	Type:						
☒ All	Footing						
☐ Footing	Footing Bonding						
☐ Foundation	Foundation						
☐ Frame	Slab						
☐ Other	Frame						
	Truss Sys./Bracing						
	Barrier-Free						
	Insulation						
	Finishes -Base Layer						
	Finishes -Final						
	Energy						
	Mechanical						
	TCO						
	Other						
	Final						
	Barrier-Free						

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

CHANGING APPROVED FIREPLACE
FROM BRICK TO MASONRY

See Drawing 301

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☒ Other FIREPLACE
☐ Demolition

FEE (Office Use Only)
\$ _____

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

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

U.C.C. F110
(rev. 01/06)



**BUILDING SUBCODE
TECHNICAL SECTION**

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

Block <u>88.1</u>	Lot <u>5</u>	Qualification Code _____
Work Site Location BRICK, NJ	58 BROWER DRIVE	XXXXXX08732

Owner in Esc.	ROBERT CANNAROZZO
T	[REDACTED]
	e-mail
	BOHCICI@MSN.COM
Address	624 EAST 31ST STREET, BAYONNE, NJ 07002
	street
	municipality
	zip code

Contractor: SELF (HOMEOWNER)
 Address 24 EAST 31st STREET, DAYTON, OH 45402
 Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____
FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Approval	Dates (Month/Day)
☒ No Plans Required	11-27-06	CH	Type: Footing			
☒ All			Footing Bonding			
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL			Finishes -Base Layer			
☐ CO ☐ CCO ☐ CA			Finishes -Final			
Date: _____			Energy			
Approved by: _____			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories		
Height of Structure		Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:	
1. New Bldg.	\$ <u>300</u>
2. Rehabilitation	\$ <u>0</u>
3. Total (1+2)	\$ <u>300</u>

1. When
 3. Date
 U.C.C. F110
 (rev. 01/76)

U.C.C. F110
(rev. 01/06)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received
Control #

Date Issued _____
Permit # _____

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

CHANGING APPROVED FIREPLACE
FROM METAL TO MASONRY

OK Pen Allan Borst

TYPE OF WORK:

- | | | | | |
|-------|---------------------|--|---------------------|---------|
| [] | New Building | | | Sq. Ft. |
| [] | Addition | | | |
| [] | Rehabilitation | | | |
| [] | Roofing | | | |
| [] | Siding | | | |
| [] | Fence | | Height (exceeds 6') | |
| [] | Sign | | Sq. Ft. | |
| [] | Pool | | | |
| [] | Retaining Wall | | | Sq. Ft. |
| [] | Asbestos Abatement | | Subchapter 8 | |
| [] | Lead Haz. Abatement | | NJAC 5:17 | |
| [] | Radon Remediation | | | |
| X [] | Other FIREPLACE | | | |
| [] | Demolition | | | |

FEE (Office Use Only)

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 88 Lot 5+5.01 Qualification Code _____
Work Site Location 58 Blower Dr.

Owner in Fee DAIC4 NJ
Address Robert Canina Corzo
24 East 31

Contractor [REDACTED]
Address Bardonia NJ 07002
6410 14th Elect

Tel [REDACTED]
Fax 973-7734

Contractor License No. 778-0678 FAX (732)
Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 18,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
	Date	Initial	Type:	Failure	Approval	Initial
☐ No Plans Required			Rough			
Joint Plan Review Required:			Barrier-Free			
☐ Building			Trench			
☐ Fire			Temp. Serv.			
☒ Elec. Plans Approved			Constr. Serv.			
Date: <u>8/9/06</u>			TCO			
Approved by: <u>[Signature]</u>			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
☐ CO	☐ CCO	☐ CA	Final Cut-in-Card Date Issued			
Date:			Annual Pool Inspection			
Approved by:			Date of Grounding and Bonding			
			Certification			

Date Received

Control #

Date Issued

Permit #

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 permit the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
75		Lighting Fixtures
80		Receptacles
50		Switches
10		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/4 HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW-Elec. Sign/Outline Light	

FEE (Office Use Only)

\$

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 88 Lot 5+5.0 Qualification Code _____
Work Site Location 58 Blower Dr.

Owner in Fee Basert Co. N.J.
Address 24 East 31
Bannock N.J. 07002

Contractor Chwicz N. Elec. Tect
Address 30 Hudson Ave.
W. Kensington N.J. 07734

Tel (732) 778-0626 FAX (732) 7661
Contractor License No. _____
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS
Use Group: Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 18,500

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Failure	Approval	Initial
☐ No Plans Required					
Joint Plan Review Required:					
☐ Building					
☐ Fire					
☒ Elec. Plans Approved					
Date: <u>8/9/06</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL					
☐ CO					
☐ CCO					
☐ CA					
Date: _____					
Approved by: _____					

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

06-24127-A
8-14-06

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr' ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Funder

FEE (Office Use Only)

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 881 Lot 58 Qualification Code 581

Work Site Location 58 Broomer Dr

Owner in Fee Charles Nagel Elect

Address 39 Hudson Ave

Address 621 Pennsylvania Ave

Tel (732) 776-0688 FAX (732) 495-5003

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

Fire Protection Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☒ New or ☐ Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: ☒ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System: _____

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Location: _____

Fuel Storage Tank: _____

Fuel Type: ☐ Flammable or ☐ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 200,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☐ No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys.				
☐ Building ☐ Plumbing	Standpipe				
☐ Electric ☐ Elevator	Fire Pump				
☒ Fire Plans Approved	Pre-Eng. System				
Date: <u>7-28-08</u>	Mechanical				
Approved by: <u>[Signature]</u>	Smoke Control				
SUBCODE APPROVAL		TCO			
☐ CO ☐ CCO ☐ CA	Flam/Combust Tanks				
Date: _____	Fireplace Venting				
Approved by: _____	Final				
	Other				

U.C.C. F140
(rev. 1/04)

1 White = Inspector Copy
3 Pink = Office Copy

Date Received

Control #

Date Issued

Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

☒ Certified Contractor ☐ Except Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

NUMBER

Flammable/Combustible Tanks _____

Alarm Systems

☒ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow) 16

Supervisory Devices (i.e., tampers, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances ☒ Gas or ☐ Oil

Fireplace Venting/Metal Chimney

Other Gas fireplace

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 88-1 Lot 58 Brower Dr. Qualification Code _____

Work Site Location 88-1 58 Brower Dr.

Owner in Fee RAICAR & CARINAR

Address 24 EAST 31ST

RAMMUNE N.J. 07002

Contractor Charles Noel Elect

Address 39 Hudson Ave

W. L. Rensselaer, N.J. 07734

Tel (732) 775-0628 FAX (732) 495-5005

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☒ New or ☐ Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: ☒ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System: _____

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar " ☐ New or ☐ Existing

☐ Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank: _____

Fuel Type: ☐ Flammable or ☒ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 200.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☐ No Plans Required	Alarm System				
☐ Joint Plan Review Required:	Suppression Sys.				
☐ Building ☐ Plumbing	Standpipe				
☐ Electric ☐ Elevator	Fire Pump				
☒ Fire Plans Approved	Pre-Eng. System				
Date: <u>7-28-08</u>	Mechanical				
Approved by: <u>SB</u>	Smoke Control				
SUBCODE APPROVAL	TCO				
☐ CO ☐ CCO ☐ CA	Flam/Combust Tanks				
Date: _____	Fireplace Venting				
Approved by: _____	Final				
	Other				

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Date Received

Control #

Date Issued

Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature _____ Contractor's Signature _____

☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

NUMBER

FEE (Office Use Only)

Flammable/Combustible Tanks _____

Alarm Systems

☒ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow) 10

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances ☒ Gas or ☐ Oil

Fireplace Venting/Metal Chimney

Other Garage Range

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

2 Canary = Office Copy

4 Gold = Applicant Copy

06-2412+H
8-14-06



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

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

Block 88.1 Lot S+5.01 Qualification Code _____
Work Site Location SPRINGER DR

Owner in Fee WILSON CANAL
Address 2415 31st

Tel. (2) ██████████ 07002
Contractor WILSON CANAL
Address SAME

Tel. () _____ FAX 201-339-7610
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required	<u>8-9-00</u>	<u>WJ</u>	Footings
☒ All			Footings Bonding
☐ Footings			Foundation
☐ Foundation			Slab
☐ Frame			Frame
☐ Other			Truss Sys./Bracing
Joint Plan Review Required:			Barrier-Free
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator
SUBCODE APPROVAL			
☐ CO	☐ CCO	☐ CA	Energy
Date:			Mechanical
Approved by:			TCO
			Other
			Final
			Barrier-Free

B. BUILDING CHARACTERISTICS	
Use Group	Present
Constr. Class.	Present
No. of Stories	
Height of Structure	
Area — Largest Floor	
New Bldg. Area/All Floors	
Volume of New Structure	
Total Land Area Disturbed	

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

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

Plan Review only
see items highlighted in yellow
See All Notes on Plans

E. FEE (Office Use Only)

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

FEE (Office Use Only)
\$

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

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

U.C.C. F110
(rev. 07/03)



BUILDING SUBCODE TECHNICAL SECTION



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

Block 881 Lot S4S.01 Qualification Code _____
Work Site Location SPRINGER DR.
Owner in Fee ROBERT CANNARIZZO
Address 241 E 331
KENDRINE NJ 07007
SAME

Tel. () _____ FAX (201) 339-7610

Contractor License No. or Builder Registration No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required	<u>8-9-06</u>	<u>TH</u>	Type:	Failure	Approval
☒ All			Footings		
☐ Footing			Footings Bonding		
☐ Foundation			Foundation		
☐ Frame			Slab		
☐ Other			Frame		
			Truss Sys./Bracing		
			Barrier-Free		
			Insulation		
			Finishes -Base Layer		
			Finishes -Final		
			Energy		
			Mechanical		
			TCO		
			Other		
			Final		
			Barrier-Free		

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

Date Received
Control #

Date Issued
Permit #

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

Plan Review only
see items highlighted in yellow.
See All Notes on Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110
(rev. 07/03)

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2 Canary = Office Copy
4 Gold = Applicant Copy



PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 381 Lot 54501 Qualification Code _____
Work Site Location 58 BROOKLYN DRIVE
Owner in Fee ROBERT CANAGARA
Address 24 EAST 31 ST
Tel () 718 278 0700
Contractor OWNER
Address _____

Tel () _____ FAX () _____
Contractor License No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
☐ No Plans Required		Slab			Initial
☐ Building	☐ Electric	Rough			
☐ Fire	☐ Elevator	Water			
☒ Plumbing Plans Approved		Sewer			
Date: <u>8-14-05</u>		Fixtures			
Approved by: _____		Gas Equipment			
SUBCODE APPROVAL		Gas Piping			
☐ CO ☐ CCO ☐ CA		LPGas Tank			
Date: _____		Fuel Oil Piping			
Approved by: _____		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.

Applicant's Signature/Contractor's Seal and Signature
☐ Licensed Plumbing Contractor ☒ Exempt Applicant

U.C.C. F130
(rev. 01/04)

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D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
5	Water Closet	
1	Urinal/Bidet	
2	Bath Tub	
3	Lavatory	
8	Shower	
1	Floor Drain	
1	Sink	
1	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
1	Water Heater	
1	Fuel Oil Piping	
1	Gas Piping	
1	LPGas Tank	
1	Steam Boiler	
1	Hot Water Boiler	
1	Sewer Pump	
1	Interceptor/Separator	
1	Backflow Preventer	
1	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
1	Stacks	
1	Other	
1	Other	
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		

Date Received
Control #
Date Issued
Permit #

06-2413+AA
18-14-06



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 881 Lot 5+5.01 Qualification Code _____
Work Site Location 58 BLOOMER DRIVE
Owner in Fee ROBERT CANNARIZIO
Address 24 EAST 31 ST
City ROSELAND, NJ State 07068
Tel [REDACTED]
Contractor UNIVERSITY
Address _____
Tel () () FAX () ()
Contractor License No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Joint Plan Review Required:	Type:	Failure	Failure	Approval
☐ Building	☐ Electric	Slab			Initial
☐ Fire	☐ Elevator	Rough			
☒ Plumbing Plans Approved		Water			
Date: <u>8-14-06</u>	Approved by: <u>[Signature]</u>	Sewer			
SUBCODE APPROVAL		Fixtures			
☐ CO	☐ CCO	Gas Equipment			
☐ CA	☐ CA	Gas Piping			
Date: _____	Approved by: _____	LPG Gas Tank			
		Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature
☐ Licensed Plumbing Contractor ☒ Exempt Applicant

Date Received
Control #
Date Issued
Permit #

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
1	Water Closet
2	Urinal/Bidet
3	Bath Tub
3	Lavatory
3	Shower
8	Floor Drain
1	Sink
1	Dishwasher
1	Drinking Fountain
1	Washing Machine
1	Hose Bibb
1	Water Heater
1	Fuel Oil Piping
1	Gas Piping
1	LPG Gas Tank
1	Steam Boiler
1	Hot Water Boiler
1	Sewer Pump
1	Interceptor/Separator
1	Backflow Preventer
1	Greasetrap
1	Sewer Connection
1	Water Service Connection
1	Stacks
1	Other
1	Other

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

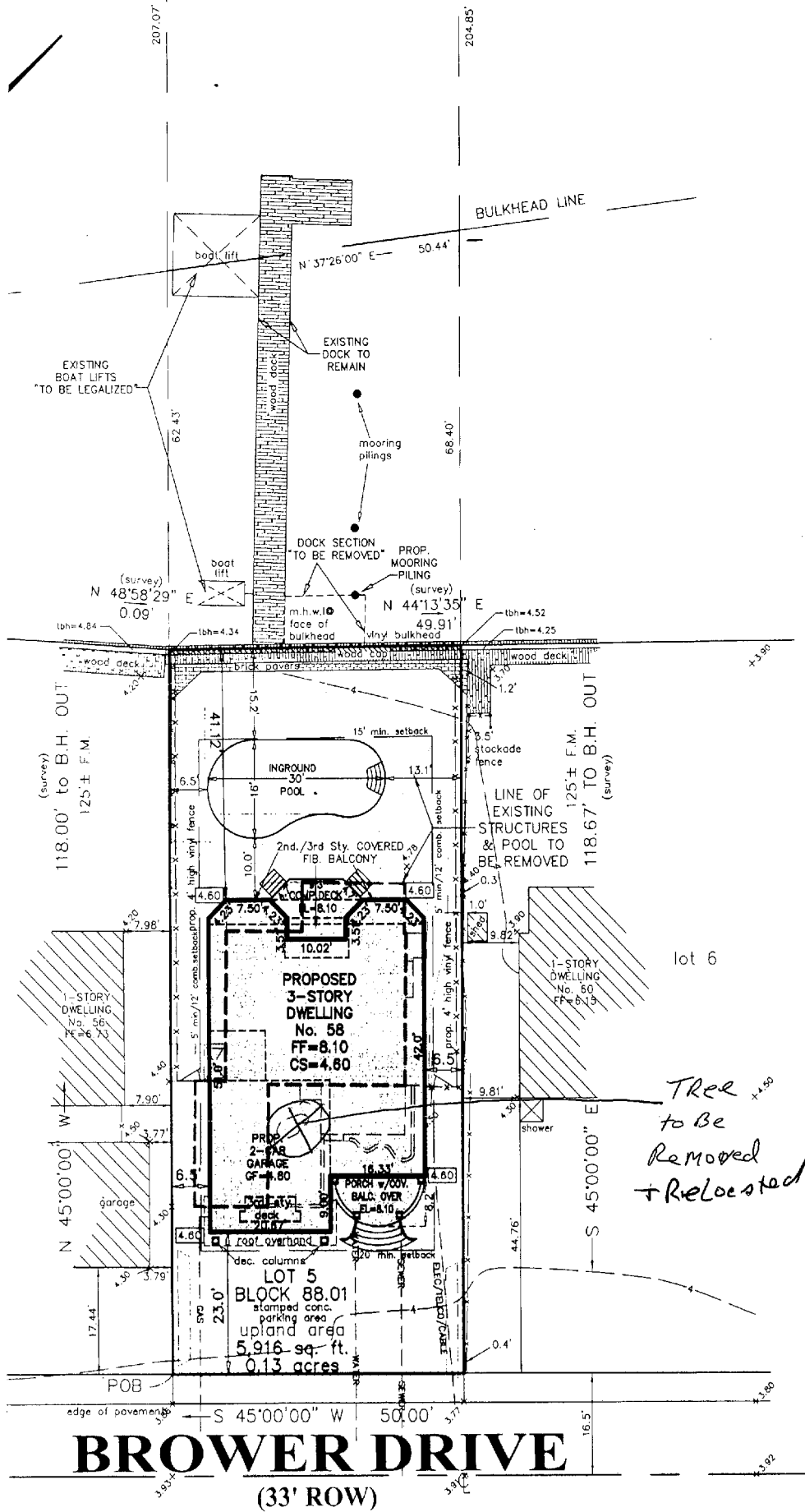
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(rev. 01/04)

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06-2412+H
18-14-06

METEDECONK RIVER



Township of Brick

PLOT PLAN REVIEW CHECKLIST

BLOCK 88.1 LOT 5.5.01 DATE RECEIVED 6-2-06
 PROPERTY ADDRESS 58 BOWER DRIVE.
 APPLICANT Robert Cannarozzo PHON [REDACTED]
 ADDRESS 24 East 31
 CONTRACTOR Robert Cannarozzo PHONE Same
 ADDRESS Same
 TYPE OF WORK SFD ZONING APPROVAL _____
 FLOOD ZONE _____ FLOOD ELEVATION _____
 PANEL# _____ MAP# _____ DATE _____
 PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES _____ NO _____

		YES	NO	N/A
1	PLANS/DETAILS SIGNED & SEALED	☒		
2	SCALE OF NOT LESS THAN 1"=50'	☒		
3	EXISTING ELEVATIONS (NGVD IN FLOOD ZONE)	☒		
4	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	☒	AS-G	
5	STREET GUTTER, CURB & CENTER LINE ELEVATIONS	☒		
6	CONTOURS 1' INCREMENTS	☒		
7	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS	☒		
8	PROPOSED GRADING & ELEVATIONS	☒		
9	GARAGE FLOOR/CRAWL SPACE/BASEMENT ELEVATION	☒		
10	PROPOSED DWELLING DIMENSIONS & CORNER ELEVATIONS	☒		
11	METHOD OF DRAINAGE	☒		
12	NORTH ARROW	☒		
13	DRIVEWAY WIDTH & TYPE	☒		
14	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES	☒		
15	PROPERTY ADDRESS/BLOCK & LOT NUMBER	☒		
16	SIDEWALK/CURB & APRONS	☒		
17	PARKING AREAS	☒		
18	UTILITY & CONNECTIONS: WATER, SEWER, GAS, ELECTRIC	☒		
19	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES & SIGNS	☒		
20	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH	☒		
21	LIMITS OF CLEARING	☒		
22	BASEMENT/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS	☒		
23	PRIOR APPROVALS: ARMY CORP/NIDEP/SOIL EROSION, ETC.	☒		
24	EXISTING STRUCTURES	☒		
25	RETAINING WALL/SERVICE WALKS, OTHER MISC. ITEMS	☒		

PLOT PLAN REVIEW:

APPROVED 7/12/06 REJECTED _____ SIGNED [Signature] DATE 7/12/06

REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

7/21/04
11-2412

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

Block 88.1 Lot 5.5.01 Qualification Code _____
Work Site Location 58 BROWER DRIVE BRICK

Owner in Fee Robert Cannarozzo
Address 24 E. 31st Street
Bayonne NJ 07002
Tel. _____
Contractor ROBERT CANNAROZZO
Address 24 E. 31st Street
Bayonne NJ 07002
Tel. _____
Cont. _____
Federal Emp. No. _____

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

New Single Family Home
Footings & Foundation Only
As Built Foundation Survey Required
Silt Fence must be in place

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Failure	Approval
☐ No Plans Required			Footing			
☒ All			Footing Bonding			
☒ Footing			Foundation			
☒ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Truss Sys./Bracing			
			Barrier-Free			
Joint Plan Review Required:			Insulation			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes - Base Layer			
			Finishes - Final			
SUBCODE APPROVAL			Energy			
☐ CO ☐ CCO ☐ CA			Mechanical			
Date: _____			TCO			
Approved by: _____			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 3
Height of Structure 38' 2" Ft.
Area — Largest Floor 1516.5 Sq. Ft.
New Bldg. Area/All Floors 3991 Sq. Ft.
Volume of New Structure 67,205 Cu. Ft.
Total Land Area Disturbed 198,77 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 356,000.00
2. Rehabilitation \$ _____
3. Total (1+2) \$ 356,000.00

TYPE OF WORK:

- ☒ New Building
☐ Addition
☐ Rehabilitation
☒ Roofing
☒ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ _____

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

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BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

7/21/04
TL-2412

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

Block 85.1 Lot 5.01 Qualification Code _____
Work Site Location SR BOWEN DRIVE BRICK

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 _____

Owner in Fee Robert Cannarozzo
Address 24 E. 31st Street
Bayonne NJ 07002
Tel. (_____) _____
Contractor Robert Cannarozzo
Address 24 E. 31st Street
Bayonne NJ 07002
Tel. (_____) _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single Family Home
Footings & Foundation Only
As Built Foundation Survey Required
Silt Fence Must Be in Place

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☐ No Plans Required			Type:	Failure	Failure	Approval
☒ All			Footing			
☒ Footing			Footing Bonding			
☒ Foundation			Foundation			
☐ Frame			Slab			
☐ Other			Frame			
			Truss Sys./Bracing			
			Barrier-Free			
Joint Plan Review Required:			Insulation			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer			
			Finishes -Final			
SUBCODE APPROVAL			Energy			
☐ CO ☐ CCO ☐ CA			Mechanical			
Date: _____			TCO			
Approved by: _____			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 3
Height of Structure 38'2" Ft.
Area — Largest Floor 1516.5 Sq. Ft.
New Bldg. Area/All Floors 3951 Sq. Ft.
Volume of New Structure 62,205 Cu. Ft.
Total Land Area Disturbed 198.77 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 35,000.00
2. Rehabilitation \$ _____
3. Total (1+2) \$ 35,000.00

TYPE OF WORK:

- ☒ New Building
☐ Addition
☐ Rehabilitation
☒ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ _____

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

U.C.C. F110
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BUILDING SUBCODE TECHNICAL SECTION



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

Block 88.1 Lot 5.501 Qualification Code _____
Work Site Location 58 BRUNER DRIVE, BRICK

Owner in Fee Robert Lannaro 0270
Address 24 E. 31st Street

Contractor Robert Lannaro 0270
Address 24 E. 31st Street

Address Bayonne NJ 07002

Tel. (201) 481-3339 FAX (201) 339-7610

Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPCTIONS	Dates (Month/Day)
☒ No Plans Required			Type: Footing	Failure Approval Initial
☒ All			Footing Bonding	
☒ Footing			Foundation	
☒ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Truss Sys./Bracing	
			Barrier-Free	
			Insulation	
			Finishes -Base Layer	
			Finishes -Final	
			Energy	
			Mechanical	
			TCO	
			Other	
			Final	
			Barrier-Free	

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____
Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories	<u>3</u>	
Height of Structure	<u>38' 2"</u>	Ft.
Area — Largest Floor	<u>1516.5</u>	Sq. Ft.
New Bldg. Area/All Floors	<u>3991</u>	Sq. Ft.
Volume of New Structure	<u>62,205</u>	Cu. Ft.
Total Land Area Disturbed	<u>198,777</u>	Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.	\$ <u>356,000.00</u>
2. Rehabilitation	\$ _____
3. Total (1+2)	\$ <u>356,000.00</u>

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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

New Single Family Home
Footings & Foundation Only
As Built Foundation Survey Around
Silt Fence Must 131 in Place

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

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

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



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

Block 85 Lot 5501 Qualification Code _____
Work Site Location 58 BROWER DRIVE BRICK

Owner in Fee Robert Cannonaro
Address 24 E. 31st Street

Bayonne NJ 07002
Tel. _____

Contractor Robert Cannonaro
Address 24 E. 31st Street

Bayonne NJ 07002
FAX (201) 339-7610

Contractor License No. of Building Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required				Footing				
☒ All				Footing Bonding				
☒ Footing				Foundation				
☒ Foundation				Slab				
☐ Frame				Frame				
☐ Other				Truss Sys./Bracing				
				Barrier-Free				
				Insulation				
				Finishes -Base Layer				
				Finishes -Final				
				Energy				
				Mechanical				
				TCO				
				Other				
				Final				
				Barrier-Free				

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____
Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	
Constr. Class	Present	Proposed	
No. of Stories			
Height of Structure	<u>3</u>		
Area — Largest Floor	<u>3812</u>		
New Bldg. Area/All Floors	<u>1516.5</u>		
Volume of New Structure	<u>3991</u>		
Total Land Area Disturbed	<u>62.205</u>		
	<u>198.77</u>		

Est. Cost of Bldg. Work:

1. New Bldg.	\$ <u>35,000.00</u>
2. Rehabilitation	\$ _____
3. Total (1+2)	\$ <u>35,000.00</u>

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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Signature _____

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DESCRIPTION OF WORK

New Single Family Home
Footings & Foundation Only
As Built Foundation Survey Around
Site Fence must be in place

TYPE OF WORK:

☒ New Building	
☐ Addition	
☐ Rehabilitation	
☒ Roofing	
☐ Siding	
☐ Fence	Height (exceeds 6') _____ Sq. Ft. _____
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

U.C.C. F110

(rev. 07/03)

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy

MAIL TO

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Robert Cannarozzo PHONE N [REDACTED] (bus.)
ADDRESS: 24 East 31 (home)

Bayonne NJ 07002

PROPERTY IN QUESTION: ADDRESS 58 Brower Dr
BLOCK(S) 88-01 LOT(S) 5.01 & 5.0

BTMUA ACCOUNT NO. C293602 TAX MAP DRAWING NO. 14.03

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____
COMMERCIAL _____ MAJOR SUBDIVISION _____

*** LOT HAS EXISTING SERVICE**

1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS
REQUIRED.

WATER	SEWER
<u>X</u>	<u>X</u>

CONNECTION WILL BE PROVIDED AS FOLLOWS:

INITIAL SERVICE CHARGES

*** WATER BROWER DRIVE**
(STREET) 3/4" 2667.00 1" 4667.00

*** SEWER BROWER DRIVE**
(STREET) 2894.00

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

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

DATE: June 5, 2006

SIGNED: [Signature]

NOTE: STATEMENT GOOD FOR ONE YEAR.

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF \$15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.
6. **CERTIFICATE OF COMPLIANCE**

THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ALL FEES MUST BE PAID IN FULL.

MAIL TO

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

STATEMENT OF UTILITY SERVICES

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Bayonne NJ 07002
PROPERTY IN QUESTION: ADDRESS 58 Brower Dr
BLOCK(S) 88-01 LOT(S) 5.01 & 5.0
BTMUA ACCOUNT NO. C293602 TAX MAP DRAWING NO. 14.03

SINGLE FAMILY RESIDENCE X

MINOR SUBDIVISION _____

COMMERCIAL _____

MAJOR SUBDIVISION _____

*** LOT HAS EXISTING SERVICE**

1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS
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WATER	SEWER
<u>X</u>	<u>X</u>

CONNECTION WILL BE PROVIDED AS FOLLOWS:

INITIAL SERVICE CHARGES

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(STREET)

3/4" 2667.00 1" 4667.00

*** SEWER BROWER DRIVE**
(STREET)

2894.00

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3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

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THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ALL FEES MUST BE PAID IN FULL.

SINGLE FAMILY DWELLING CHECKLIST

OK 1. Construction Permit Jacket Completed and Signed

Yes ☒ No ☐

✓ 2. Zoning Application Completed

Yes ☒ No ☐

✓ 3. Two True Size Surveys

Yes ☒ No ☐

OK 4. Engineering Form:

OK Single-Family Home Checklist
Major Subdivision

Yes ☒ No ☐

Yes ☐ No ☒

need 5. Shade Tree Application *OK*

Yes ☒ No ☒

OK 6. Debris Form

Yes ☒ No ☐

need 7. BTMUA Availability Statement *OK*

Yes ☒ No ☒

OK 8. Building, Plumbing, Electrical and Fire Permits

Yes ☒ No ☐

9. Gas Pipe Drawing

Yes ☐ No ☐

10. Drain Waste Venting Schematic (DWV)

Yes ☐ No ☐

11. Brochures:

Furnace

Yes ☐ No ☐

Air Conditioner

Yes ☐ No ☐

Fireplace

Yes ☐ No ☐

Boiler

Yes ☐ No ☐

OK 12. Indicate options:

Fireplace (Gas or Wood)

Yes ☐ No ☐

Basement

Yes ☐ No ☒

OK Crawl

Yes ☒ No ☐

Slab

Yes ☒ No ☐

Deck

Yes ☐ No ☒

OK 13. Two Sets of Plans-architectural plans signed and sealed
Homeowners Plans signed by homeowner on all pages

Yes ☒ No ☐

NA 14. Soil Boring Report showing seasonal high water table
required for any new basements

Yes ☐ No ☒

need 15. Joist layout showing blocking for any engineered
floor joist (TJI) *OK*

Yes ☒ No ☐

NA 16. Modular Homes separate cost - the house is new building;
site preparation, garages and decks are alterations

Yes ☐ No ☒

OK 17. Model Energy Code

Yes ☐ No ☒

****Please separate the cost for fireplaces and decks from the cost of the new building - they are considered alterations****

**YOUR PERMIT APPLICATION WILL NOT BE ACCEPTED IF ANY OF THE ABOVE
INFORMATION IS MISSING**



CUT-IN-CARD

MUNICIPALITY BRICK TOWN

LOCATION 58 BROWER DR

UTILITY CO _____

WR 314652950

BLK 88.1

LOT 5-5.01

OWNER CANNAROTTO

OCCUPANT _____

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

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 400 AMP 10

INSTALLED BY Charles Nail EIC LICENSE NO 7662

DATE 12/6/06 PERMIT 66-2412A INSPECTOR [Signature]

DUP 1-16-07

☐ CALLED IN 1 1

Lic. No: 5451

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:

Ruthanne Scaturro - President
Michael A. Thulen, Sr. - Vice-President
Stephen C. Acropolis
Gregory S. Kavanagh
Anthony Matthews
Kathy M. Russell
Frederick J. Underwood, Sr.



Department of Engineering

Office of the Municipal Engineer

(732) 262-1038

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

SHADE TREE PERMIT

RECEIPT OF FEES

DATE: 6-3-06

BLOCK: 88.1

LOT: 5 + 5.01

FEE: \$ 0

INSPECTION: _____

**APPLICATION FOR SHADE TREE PERMIT
ORDINANCE #158-E-99**

1. Name and address of Applicant: ROBERT CANWAROZZO (owner)

24 EAST 31ST BAYONNE, N.J. 07002

Provide name & address of person applying for permit. If applicant is other than owner, give and identify names and addresses of both;

2. Property Block: 88.1, Lot(s): S. & S. 01
This information is available from your deed or tax bill;

3. Address if different from applicant: 58 Brower DR. BRICK
Give street and number if one is assigned. If there is no street number, estimate distance and direction from nearest intersection or other easily recognizable landmark;

4. Location of trees on property FRONT OF HOUSE and
number of trees presently on property 7;

A. FOR INDIVIDUAL BUILDING LOTS:

Provide either a copy of a recent survey or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch. Include existing buildings, driveways and other constructions in **SOLID LINES**. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a "C" inside circle for coniferous (pine, etc.) trees and "A" "D" for deciduous trees.

NOTE** Trees to be removed will have an "X" through the circle.

If removal is desired because of proposed construction of any kind, include such construction in **DOTTED LINES** and identify. If planting of new trees (including but not limited to those in note below), is proposed in application to replace those removed, or for any other reason, show approximate proposed location with a **DOTTED CIRCLE** and specify species and approximate planting size (height & caliper).

There should be a minimum of one tree for each 2,000 square foot after all tree removal and replacement, (e.g. an 80 X 100 ft lot includes 8,000 SF and would require a minimum of 4 trees).

B. FOR OTHER ACREAGE

Include copy of subdivision plot plan or equivalent outlining all wooded areas and solitary trees. Identify each (e.g. "heavily wooded mature oak with scattered Dogwood" or sparsely wooded mixed Pitch Pine and small Oak, etc.)

Same minimum of one tree per 2,000 SF as above is required.

APPLICATION FOR SHADE TREE PERMIT – ORDINANCE #158-E-99

Note **

"Tree" for the purpose of this permit means (1)-one any live coniferous tree, 4" or more DBH (diameter breast high), (2)-two any deciduous tree (live 3" or more DBH, (3)-three any live American Holly or Dogwood 1" or more, one foot above-ground and (4)-four any live Laurel 3" or more across root crown.

Date: 6-3-06

Name of Applicant: ROBERT CANNAROTTO

Address: 58 BROWER DR.

Block: 88.1, Lot(s): 5 & 5.01

Residential: ☒, Commercial: ☐

Address (if different from applicants): _____

FRONT OF HOUSE

LOCATION OF TREES ON PROPERTY

1

NUMBER OF TREES PRESENTLY ON PROPERTY

FEES:

\$5.00 per tree (maximum \$25.00) on individual building lot;

\$25.00 per acre for approved subdivisions/site plans.

AMOUNT OF FEE \$ 0

Reviewed by: _____

Approved by: [Signature]
Township Engineer

Date: 7/19/06



REScheck Software Version 3.7.3 Compliance Certificate

Permit #
Permit Date

Project Title: New Cannarozzo Residence JOB # 05-131

Report Date: 05/31/06

Data filename: C:\DOCUME~1\Jamie\MYDOCU~1\REScheck\CANNAR~1.RCK

Energy Code: **2000 IECC**
Location: **Silverton, New Jersey**
Construction Type: **Single Family**
Glazing Area Percentage: **18%**
Heating Degree Days: **5294**

Construction Site:
58 Brower Drive
Brick, NJ
Permit Date: November 10, 2005

Owner/Agent:
Roberto & Carolyn Cannarozzo
24 East 34 Street
Bayonne, NJ

Designer/Contractor:
Allan H. Borst Architect
1792 Hinds Road
Toms River, NJ

Compliance: **Passes** Maximum UA: **651** Your Home UA: **553** --> **15.1% Better Than Code (UA)**

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss:	1237	30.0	0.0		43.
Wall 1: Wood Frame, 16" o.c.:	4059	19.0	0.0		196
Window 1: Wood Frame:Double Pane with Low-E:	447			0.330	148
Door 1: Glass:	300			0.310	93
Door 2: Solid:	48			0.310	15
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space:	1237	19.0	0.0		58
Air Conditioner 1: Electric Central Air: 13 SEER					
Furnace 1: Forced Hot Air: 78 AFUE					

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2000 IECC requirements in REScheck Version 3.7.3 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Allan H. Borst
Builder/Designer

ALLAN H. BORST AIA ARCHITECT
Company Name

05-31-06
Date

Project Notes:

Lot: 5 & 5.01 Block: 88.1

Silverton was used because Brick is not listed in the REScheck program.



REScheck Software Version 3.7.3 Inspection Checklist

Date: 05/31/06

Ceilings:

- ☐ Ceiling 1: Flat Ceiling or Scissor Truss, R-30.0 cavity insulation

Comments: _____

Above-Grade Walls:

- ☐ Wall 1: Wood Frame, 16" o.c., R-19.0 cavity insulation

Comments: _____

Windows:

- ☐ Window 1: Wood Frame: Double Pane with Low-E, U-factor: 0.330

For windows without labeled U-factors, describe features:

#Panes _____ Frame Type _____ Thermal Break? _____ Yes _____ No

Comments: _____

Doors:

- ☐ Door 1: Glass, U-factor: 0.310

Comments: _____

- ☐ Door 2: Solid, U-factor: 0.310

Comments: _____

Floors:

- ☐ Floor 1: All-Wood Joist/Truss: Over Unconditioned Space, R-19.0 cavity insulation

Comments: _____

Heating and Cooling Equipment:

- ☐ Air Conditioner 1: Electric Central Air: 13 SEER or higher

Make and Model Number: _____

- ☐ Furnace 1: Forced Hot Air: 78 AFUE or higher

Make and Model Number: _____

Air Leakage:

- ☐ Joints, penetrations, and all other such openings in the building envelope that are sources of air leakage must be sealed.
☐ Recessed lights must be 1) Type IC rated, or 2) installed inside an appropriate air-tight assembly with a 0.5" clearance from combustible materials. If non-IC rated, the fixture must be installed with a 3" clearance from insulation.

Vapor Retarder:

- ☐ Required on the warm-in-winter side of all non-vented framed ceilings, walls, and floors.

Materials Identification:

- ☐ Materials and equipment must be installed in accordance with the manufacturer's installation instructions.
☐ Materials and equipment must be identified so that compliance can be determined.
☐ Manufacturer manuals for all installed heating and cooling equipment and service water heating equipment must be provided.
☐ Insulation R-values and glazing U-factors must be clearly marked on the building plans or specifications.

Duct Insulation:

- ☐ Ducts in unconditioned spaces must be insulated to R-5. Ducts outside the building must be insulated to R-6.5.

Duct Construction:

- ☐ All joints, seams, and connections must be securely fastened with welds, gaskets, mastics (adhesives), mastic-plus-embedded-fabric, or tapes. Tapes and mastics must be rated UL 181A or UL 181B. Exception: Continuously welded and locking-type longitudinal joints and seams on ducts operating at less than 2 in. w.g. (500 Pa).
- ☐ The HVAC system must provide a means for balancing air and water systems.

Temperature Controls:

- ☐ Thermostats are required for each separate HVAC system. A manual or automatic means to partially restrict or shut off the heating and/or cooling input to each zone or floor shall be provided.

Service Water Heating:

- ☐ Water heaters with vertical pipe risers must have a heat trap on both the inlet and outlet unless the water heater has an integral heat trap or is part of a circulating system.
- ☐ Insulate circulating hot water pipes to the levels in Table 1.

Circulating Hot Water Systems:

- ☐ Insulate circulating hot water pipes to the levels in Table 1.

Swimming Pools:

- ☐ All heated swimming pools must have an on/off heater switch and require a cover unless over 20% of the heating energy is from non-depletable sources. Pool pumps require a time clock.

Heating and Cooling Piping Insulation:

- ☐ HVAC piping conveying fluids above 105 degrees F or chilled fluids below 55 degrees F must be insulated to the levels in Table 2.

Table 1: Minimum Insulation Thickness for Circulating Hot Water Pipes

Heated Water Temperature (°F)	Insulation Thickness in Inches by Pipe Sizes			
	Non-Circulating Runouts		Circulating Mains and Runouts	
	Up to 1"	Up to 1.25"	1.5" to 2.0"	Over 2"
170-180	0.5	1.0	1.5	2.0
140-169	0.5	0.5	1.0	1.5
100-139	0.5	0.5	0.5	1.0

Table 2: Minimum Insulation Thickness for HVAC Pipes

Piping System Types	Fluid Temp. Range(°F)	Insulation Thickness in Inches by Pipe Sizes			
		2" Runouts	1" and Less	1.25" to 2.0"	2.5" to 4"
Heating Systems					
Low Pressure/Temperature	201-250	1.0	1.5	1.5	2.0
Low Temperature	120-200	0.5	1.0	1.0	1.5
Steam Condensate (for feed water)	Any	1.0	1.0	1.5	2.0
Cooling Systems					
Chilled Water, Refrigerant and	40-55	0.5	0.5	0.75	1.0
Brine	Below 40	1.0	1.0	1.5	1.5

NOTES TO FIELD: (Building Department Use Only)

☐ Building

☐ Electrical

☐ Fire

☒ Plumbing

CONTROL NUMBER 102534 103449

TOWNSHIP of BRICK

APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 58 Brower Dr.

DATE REVIEWED: 8-01-06

REVIEWED BY: Bernie

CONTACT CALLED/FAXED: Robert

A liscensed plumber is required, Permits from BTMUA need to be paid for

Att: JOAN or MARK

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST BRICK, NEW JERSEY 08724 458-7000

WATER SERVICE PERMIT

Block: 88.1 Lot: 5
58 Brower Dr

Cannarozzo, Robert
58 Brower Dr
Brick NJ 08723

upgrade to 1" serv.

ACCOUNT # C293602 METER # METER MFG.

SIZE OF SVC LINE 1" METER SIZE 1"

CONNECTION FEE \$

INSPECTIONS	15.00	Date 1st	Insp. 2nd	Comment	Inspector
A. Service Line	64.00				
B. Curb Connection	79.00				
C. House Conn & Mtr					
D. Cross-Connection					

Homeowner/Applicant

Inspector

HAS Permits Now

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST BRICK, NEW JERSEY 08724 458-7000

SEWER SERVICE PERMIT

Block: 88.1 Lot: 5
58 Brower Dr

reconnect to existing

Cannarozzo, Robert
58 Brower Dr
Brick NJ 08723

ACCOUNT # C253502

SIZE OF SVC LINE 4"

CONNECTION FEE \$

INSPECTION FEE \$ 15.00pd
8/2/06

DIST: LENGTH

DIST: DEPTH

STREET NAME

INSPECTIONS	Date 1st	Date 2nd	Comments	Inspector
A. Lateral				
B. Curb Connection				
C. House Connections				

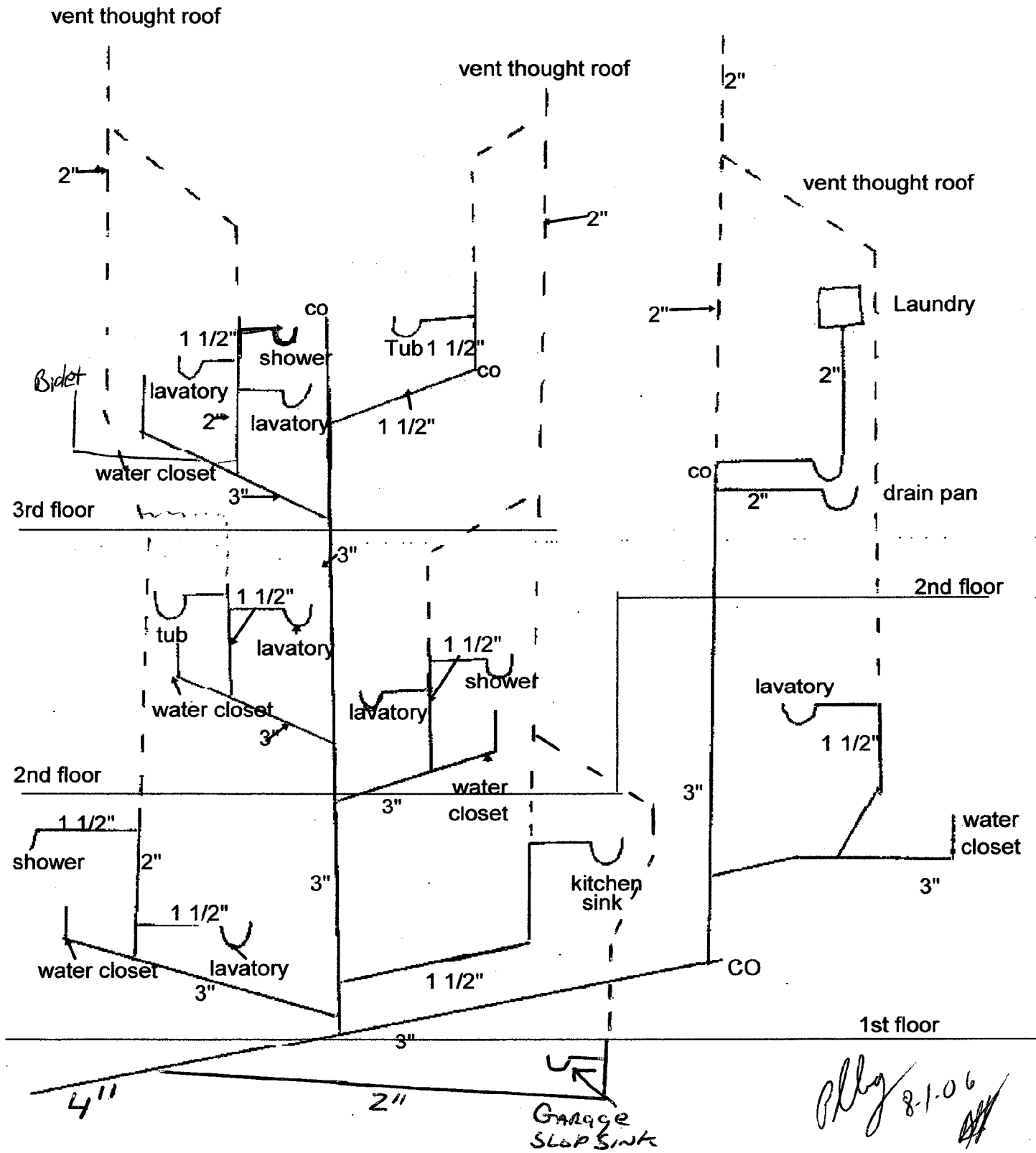
Homeowner/Applicant

Inspector

Plumber

List No.

will Demo

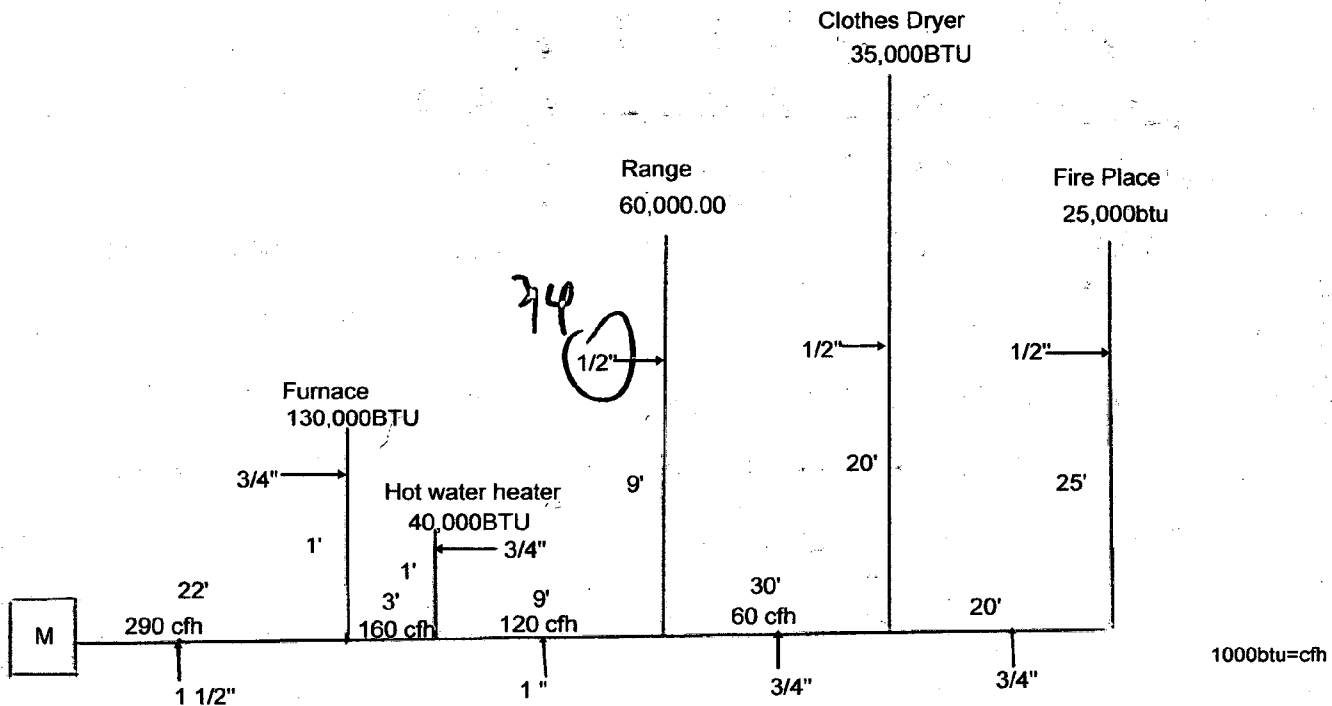


plg 8-1-06

Drain- Waste- Vent- Sketch 58 Brower Driver

BLOCK 88.1 Lot 5+5.01

Sizing based on 109' total Run
from point of delivery to the
remote outlet



Gas Sketch / 58 Brower Drive

Block 88.1
Lot 5+5.01

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Robert Cannarozzo DATE 8-01-06

PROPERTY ADDRESS 58 Brower Dr. BLOCK 88.1 LOT 5 & 5.01

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

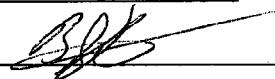
<u>PLUMING FIXTURES</u>	<u>NUMBER</u>	<u>(sfu)</u>	<u>WATER UNITS</u>	<u>(dfu)</u>	<u>DRANAGE</u>
1. BATHROOM GROUP	<u>5</u>	()	<u>11</u>	()	
2. KITCHEN GROUP	<u>1</u>	()	<u>2</u>	()	
3. WATER CLOSETS	_____	()	_____	()	
4. LAVATORY	_____	()	_____	()	
5. BATH TUB	_____	()	_____	()	
6. SHOWER STALL	_____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

TOTALS 20.5

GALLONS PER MINUTE 17

SIZE of SERVICE 1"

DATE: 8-01-06

APPROVED BY: 



Bldg

Elect

Fire

Plumbing

(Please mark subcode)

CONTROL NUMBER 102537

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 58 Brown

DATE REVIEWED: 7-18-06

REVIEWED BY: Fm

CONTACT CALLED/FAXED: 201 339-7610

- ① Define Exact Flood Vent Manufacturer To be Used
- ② Provide Cross Section Details on Front Entry Stair Rails
- ③ Provide Details on Gas Fireplace in Master Bedroom

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 58 Brower Drive Brick

Block: 88.1 Lot: 5.5.01

Contractor: Robert Cannarozzo

Contractor's Address: 24 East 31st Street Bayonne NJ 07003

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

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

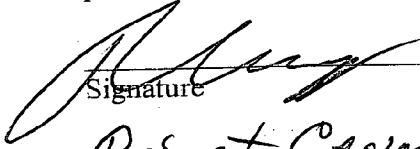
Party responsible for removal: Robert Cannarozzo

Dumpster size: 30 YDS

Destination of debris: Ocean County

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

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


Signature

ROBERT CANNAROZZO
Print Name

6-01-06
Date

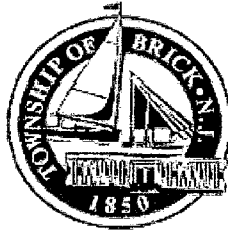
TOWNSHIP OF BRICK

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

Daniel J. Kelly, Mayor

Township Council:

Stephen C. Acropolis - President
Ruthanne Scaturro - Vice President
Anthony Matthews
Kathy M. Russell
Joseph Sangiovanni
Michael A. Thulen, Sr.
Dan Toth



Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

Affidavit in support of application for a Certificate of Occupancy, pursuant to NJAC 5:23- 2.24 (C):

Date: 7/23/2007

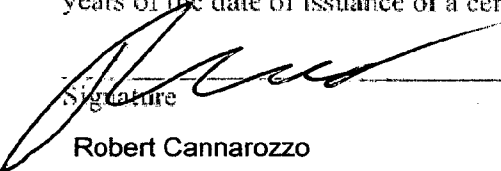
Owner in Fee: Robert Cannarozzo

Site Address: 58 Brower Drive

Block: 88.01 Lot: 5

I being the owner in fee for the site listed above and being of legal age, duly sworn upon my oath depose and say that a new home has been constructed on this property for personal use and occupancy by me.

I hereby attest that all designs, construction, plumbing, electrical or fire work has been done by me or by a subcontractor under my supervision. In accordance with all applicable laws, I further acknowledge that this new home is not covered under the New Home Warranty and Builder's Registration Act (NJSA 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.


Signature

Robert Cannarozzo

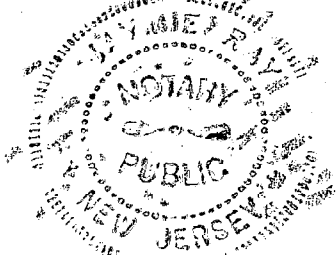
Print Name

Sworn and Subscribed before me on this 31st day of July 2007.



(Notary's Signature)

JAYMIE RAY
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 5/17/2012



07-07-23 (2).max

BRICK TOWNSHIP INSPECTION LIST

THE FOLLOWING INSPECTIONS SHALL BE REQUIRED BUT NOT LIMITED TO:

1. **FOOTINGS:** Bottom of all footing trenches before pouring. Steel Rods (if required) must be in place.
2. **MASONRY BASEMENT WALLS:** Foundation walls and pilasters
3. **TOP OF FOUNDATION CERTIFICATION:** Required for all new structures. Provide two (2) foundation as-built survey signed and sealed by your engineer or surveyor, showing the top of the foundation and the crown of the street elevations.
4. **BACKFILL:** Foundation walls prior to backfilling. Basement walls to be braced or top deck installed after Top of Foundation Certification is received by this office.
5. **OPEN DECK:** Floor joists before sub-floor is installed.
6. **SLAB ROUGH PLUMBING:** Underground plumbing before covering with required testing.
7. **SLAB ROUGH ELECTRIC:** Underground electric wiring and/or conduit before covering.
8. **PRE-SLAB:** Preparation of slab before pouring. Not required for basement or garage slabs. ITEMS LISTED ABOVE MUST BE APPROVED BEFORE SCHEDULING THIS INSPECTION
9. **SHEATHING:** A sheathing inspection is necessary after roof-before siding
10. **ROUGH PLUMBING:** All roughing completed with required test. Gas piping to be installed and tested.
11. **ROUGH ELECTRIC:** All roughing to be completed including alarms and security system wiring. Wires in boxes to be skinned and sliced completed without outlets or switches. All wiring completed from electric service weather head to meter box and also to panel box.
12. **FIRE SUPPRESSION SYSTEM:** Sprinkler piping completed with required test, kitchen exhaust hood and suppression system test.
13. **FRAME:** All exterior doors, windows, components, siding and roofing installed. All heating ducts to be installed. IF THE PLANS ARE NOT ON SITE NO INSPECTION WILL BE MADE.
14. **INSULATION:** Insulation installed and inspected prior to covering.
15. **SEWER AND WATER SERVICE LINES:** Curb to house
16. **FUEL TANK & LINES:** Oil tanks and lines with required air test before covering. Propane tanks and tested supply line before covering.
17. **FINAL ELECTRIC:** Electric turned on to all outlets and fixtures with light bulbs installed.
18. **FINAL PLUMBING:** All fixtures in place and in working order. Water heater to be operating.
19. **FINAL FIRE:** Heating system, smoke detectors, sprinklers fire suppression systems, hood systems, fire alarms, standpipes and others must be completed and operating.
20. **FINAL SURVEY:** Provide two (2) as-built topographic surveys showing all property improvements such as curbing, driveway apron, replanted trees, elevations, etc. Show triangulation of the septic tanks and well to two corners of the dwelling units. Show all set backs from all sides of dwelling units
21. **FINAL BUILDING INSPECTION**
22. **ENGINEERING INSPECTION:** All required landscaping and site work completed.

NJAC 5:23-2.18 (C)1: NOTICE SHALL BE GIVEN 24 HOURS PRIOR TO THE TIME THE INSPECTION IS DESIRED. INSPECTIONS SHALL BE PERFORMED WITHIN 3 BUSINESS DAYS OF THE TIME FOR WHICH IT WAS REQUESTED.

APPROVED PLANS MUST BE ON SITE AT ALL TIMES FOR INSPECTIONS

NO EXCEPTIONS

LOT: _____ BLOCK: _____

FRAMING CHECKLIST

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

A BASEMENT OR CRAWL SPACE

BOLTS

SIZE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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114

7710

Size

0770

PRO

PROPER TREATM

☐ ☐

5. PAINT / COATING

B. FLOOR FRAMING AND FLOORING

10

ATTACHMENT SC

FRAMED OPENING

50

UNITED STATES

[illegible]

23

ABOUT

Date: _____

Responsible Person in Charge of Work: _____

Date: _____

PERMIT #

LOT:

BLOCK:

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

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

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

☐	LAYOUT PLANS
☐	TRUSS MEMBERS
☐	CONNECTION SCHEDULE
☐	PERMANENT BRACING DETAILS
☐	DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
☐	EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS
☐	LOCATION AS PER LAYOUT
☐	ALIGNMENT
☐	BEARING
☐	SPACING
☐	CONNECTIONS TO BEARING POINTS
☐	NO CONNECTION TO NON-BEARING POINTS
☐	DAMAGE AND DEFECTS
☐	ENGINEERED METHOD OF REPAIR

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

☐	PANEL SPAN, THICKNESS
SPECIAL REQUIREMENTS	
☐	GAPPING
☐	LAYOUT
☐	CORNER BRACING (IF REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

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

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

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

3. GABLE END BRACING (AS PER DESIGN):

☐	LAYOUT
☐	SIZE
☐	TYPE
☐	NAILING
☐	OVERLAP
☐	TERMINATION

3. INTERIOR NON-LOAD-BEARING WALLS:

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

4. SOLID SAWN ROOF FRAMING:

☐	SIZE
☐	GRADES, SPECIES
LAYOUT	
☐	SPACING
☐	SPAN
☐	BEARING
☐	FASTENING
☐	DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
☐	CUTTING, NOTCHING, AND BORING
☐	BRIDGING
☐	RIDGE SIZE
☐	HURRICANE TIES WHERE APPLICABLE

2. SHEATHING - ROOF:

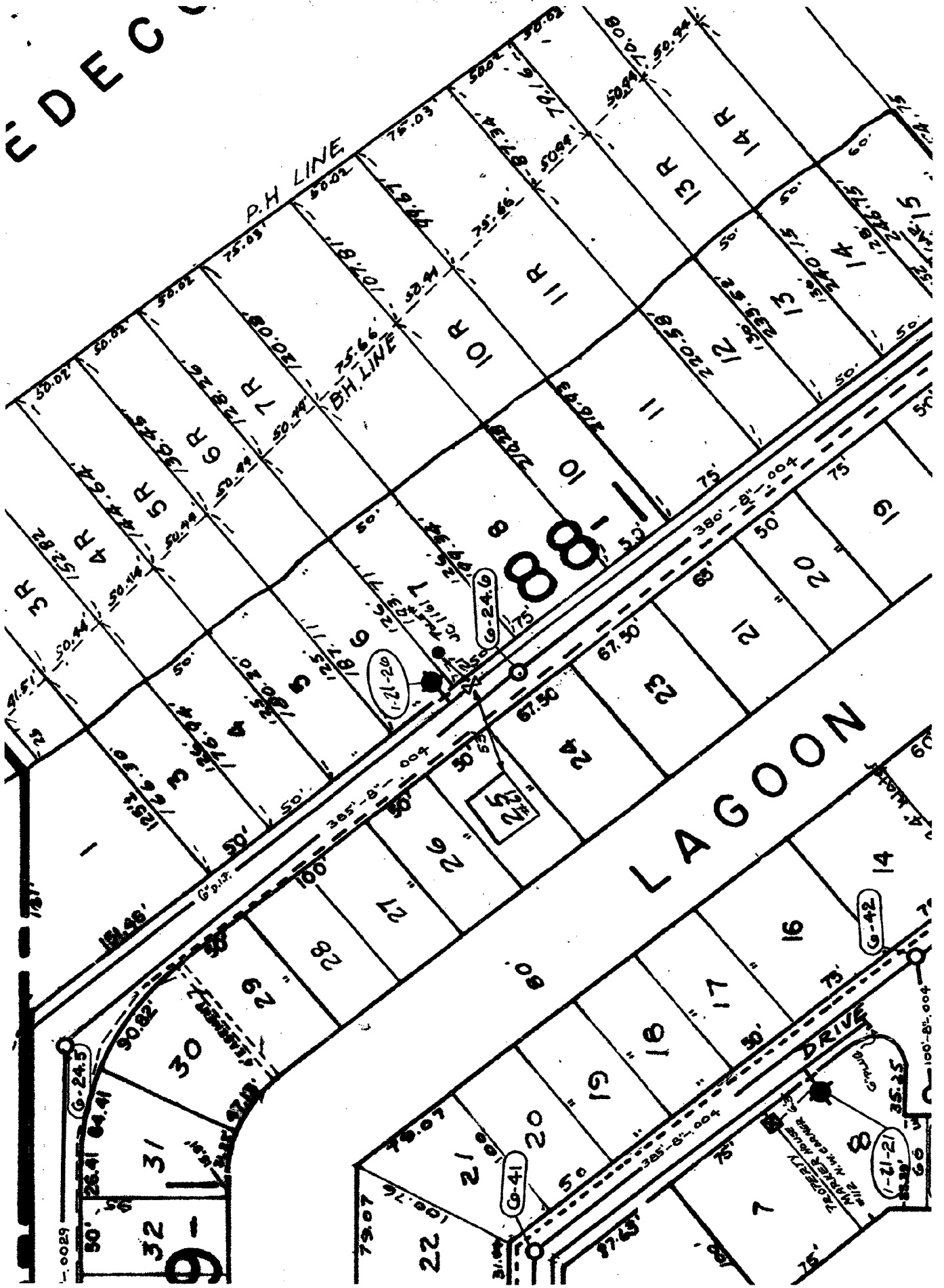
MATERIAL

☐	PANEL SPAN, THICKNESS
SPECIAL REQUIREMENTS	
☐	BLOCKING, EDGE (IF REQUIRED)
☐	GAPPING
☐	LAYOUT
☐	CLIPS (IF REQUIRED)

SHEATHING, FRT - ROOF

☐	FOUR FEET FROM FIREWALL
☐	NONCORROSIVE FASTENERS

DEC



Attachment 'A'

Existing and/or proposed water service curb valves, curb boxes or sanitary sewer lateral clean-outs shall not be located in driveway aprons or walkways. If during construction, any water curb boxes or sewer clean-outs are found in these noted areas, they will be required to be relocated by the developer at their costs.

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date _____

Property Address _____ Block _____ Lot _____

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

<u>Plumbing Fixtures</u>	<u>Number</u>	<u>(sfu) Water Units</u>	<u>(dfu) Drainage Units</u>
1. Water Closet	_____	() _____	() _____
2. Lavatory	_____	() _____	() _____
3. Bath Tub	_____	() _____	() _____
4. Shower Stall	_____	() _____	() _____
5. Kitchen Sink	_____	() _____	() _____
6. Service Sink	_____	() _____	() _____
7. Laundry Tray	_____	() _____	() _____
8. Dishwasher	_____	() _____	() _____
9. Washing Machine	_____	() _____	() _____
10. Urinal	_____	() _____	() _____
11. Floor Drain	_____	() _____	() _____
12. Drinking Fountain	_____	() _____	() _____
13. Air Conditioner (water cooled)	_____	() _____	() _____
14. Dental Unit	_____	() _____	() _____
15. Lawn Sprinkler No. of Heads	_____	() _____	() _____
16. Fire Sprinkler No. of Heads	_____	() _____	() _____
17. _____	_____	() _____	() _____
18. _____	_____	() _____	() _____

Total _____

Gallons per minute _____

Size of Service _____

Date: _____

Approved: _____
Brick Township Plumbing Inspector

**Township of Brick
Zoning Permit**

Approved:

Wednesday, June 21, 2006

Number:

792

Block

88.01

Lot

5

Zone:

R-5

Property Address:

58 Brower Drive

Applicant:

Robert Cannarozzo

Property Owner:

Robert Cannarozzo

Existing Use:

Single Family Residential (to be removed)

Proposed Use:

Single Family Residential

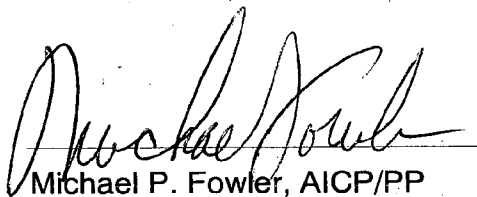
Proposed Construction:

Three story single family dwelling, 54' x 37', eave height 23.2', building height 30.7', ridge height 38.3'. decorative cupola.

Conditions:

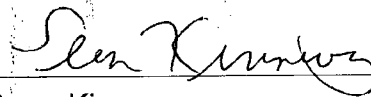
The house must be set back at least 20 feet from the front property line, 5 feet minimum/12 feet total from the side property lines and 15 feet from the rear property line. No access to the cupola is permitted.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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

Principal Planner



Sean Kinnevy

Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

JUN 13 2006

Applications missing any of the following information
will delay processing and may be returned to you.

BLOCK 88.1 LOT 5.5.01 QUALIFIER _____
PROPERTY ADDRESS 58 Brower Drive Brick
PERSONAL NAME OF APPLICANT Robert Cannarozzo
BUSINESS NAME OF APPLICANT Home owner
MAILING ADDRESS OF APPLICANT 24 East 31st Street Bayonne NJ 07002
PROPERTY OWNER'S FULL NAME Robert Cannarozzo

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

- ☒ New Building (please describe) Single Family Home Height 38'03"
☐ Addition - Height _____
☐ Alteration _____
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

- ☒ All information completed above
☐ Two (2) copies of a plot plan containing:
☒ All existing and proposed structures
☒ All dimensions of the lot and structures
☒ All setbacks from the structures to the property lines
☒ All adjacent streets and waterways

☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed,
reduced or enlarged copies
can be accepted.

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 [Signature] Date 6-01-06

Reviewed by Zoning Office SE Date 6/2/06 () Approved () Denied

March 2003-----

[Signature]
6/2/06

**Township of Brick
Zoning Permit**

Approved: Wednesday, July 05, 2006 **Number:** 878

Block 88.01 **Lot** 5 **Zone:** R-5

Property Address: 58 Brower Drive

Applicant: Robert Cannarozzo

Property Owner Robert Cannarozzo

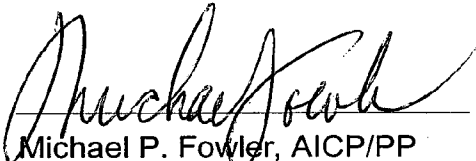
Existing Use: Single Family Residential

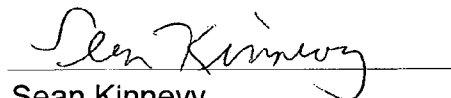
Proposed Use: Single Family Residential

Proposed Construction: Revised plot plan to change proposed location of proposed dwelling.

Conditions: Zoning Permit No. 2006-0792 approved on June 21, 2006.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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
Principal Planner


Sean Kinnevy
Zoning Officer

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

PROPERTY OWNER'S FULL NAME Robert Cannarozzo

March 2003-----

103
6/30/06



POLARIS



HIGH-EFFICIENCY RESIDENTIAL 34- or 50-GALLON GAS WATER HEATER

10-Year Tank Warranty

1-Year Parts Warranty

• **Stainless Steel Tank with Submerged Combustion**

High grade 444 stainless steel tank with brass connections for years of dependable, trouble-free service - no anode required. Submerged combustion chamber with spiral flue for 95-96% thermal efficiency and ultra-low standby heat loss of approximately 1%.

• **Sealed Combustion with Woven Fiber Premix Burner**

Metal fiber burner is designed for clean combustion in high-intensity blue flame mode. Manufactured of refractory steel that resists corrosion. Excellent resistance to thermal and mechanical shock, even at extreme temperatures. Uniform combustion provides excellent heat transfer. Meets Low NOx requirements for California and Texas.

• **Whisper Quiet Operation**

Ultra quiet blower and burner minimize noise. Requires 120 volt 60Hz power supply. Draws less than 5 Amps.

• **Power/Direct Vent Using 2" or 3" Plastic Pipe**

Direct vents up to 120' using PVC, CPVC, or ABS pipe. Vents Thru-the-Wall or Thru-the-Roof. Optional concentric vent kit available for use Thru-the-Roof or Wall.

• **Plug-and-Play Technology**

No special adjustments are required at initial start up. Connect air inlet, exhaust outlet, water, electricity, and gas, set the temperature and the system functions properly.

• **Self-Diagnostic Control System**

Three external LED lights indicate operational status of water heater. Microprocessor monitors nine critical functions. An LED troubleshooting light, visible through view port, signals heater operation status.

• **Full Serviceability from the Front**

Removal of two front-located access panels exposes all serviceable components. Modular components are easily removed.

• **Multiple 1" Tank Connections – Brass**

Portable water and space heating connections provided. Use with potable water only.

• **Factory Provided Tempering Valve**

Helps stretch hot water supply by automatically mixing hot and cold water.

• **Other Features**

- Thermister Temperature Sensor
- Hot Surface Ignition
- ASHRAE 90.1-1999 Compliant
- Factory Installed T&P Valve
- Complies with California Title 24
- 24-Volt Thermostat Control
- Full Flow Brass Drain Valve
- Zero Clearance to Combustibles
- Factory Provided Condensate Trap

• **CSA International Certified to ANSI Z21.10.3/CSA 4.3**

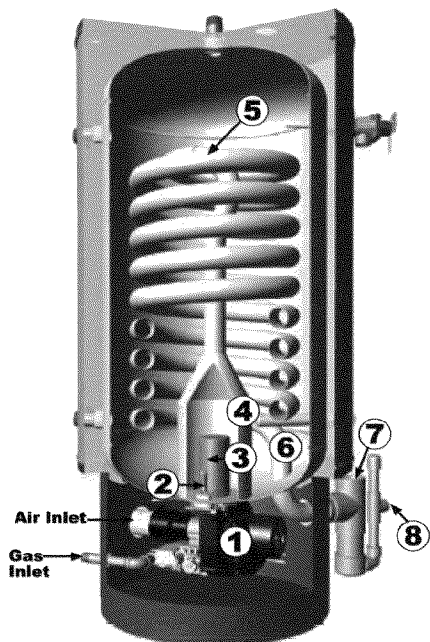


This water heater design has been tested by CSA International and complies with ANSI Z21.10.1, Section 2.35 Flammable Vapor Resistance

FVIR Compliant

Copyright© by American Water Heater Company 2006.
All rights reserved.

POLARIS

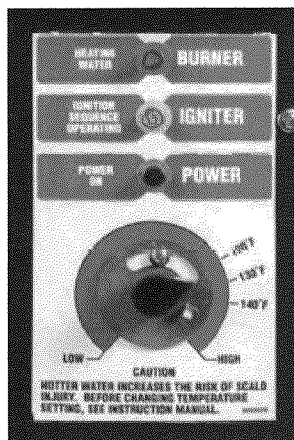


The Quiet Way to Efficiently Heat Water

An ultra quiet radial blower is combined with a submerged burner for whisper quiet operation. Indicator lights illuminate when the power is on and when the igniter and burner are operating.

95% Efficient

1. The quiet, brushless DC blower prepurges the submerged combustion chamber for 8 seconds and turns off.
2. The hot surface igniter is energized and glows red hot.
3. The blower turns on, precisely mixing air and gas for combustion. The mixture is forced through the metal fiber burner and is ignited by the hot surface igniter. A blue flame is evenly distributed across the entire burner, resulting in clean combustion with low nitrous oxide emissions.
4. The combustion chamber wall transfers high temperature heat from the flame to the water.
5. The blower pushes hot combustion gases through the spiral coil, which scrubs the remaining heat from the hot gases.
6. As combustion gas exits the bottom of the spiral coil, it is barely warm to the touch. Over 95% of the heat from the flame is transferred to the water.
7. Combustion gases are vented through PVC, CPC or ABS plastic pipe.
8. Condensation formed by cooled combustion air is captured by a condensate trap and drained through a drain line.

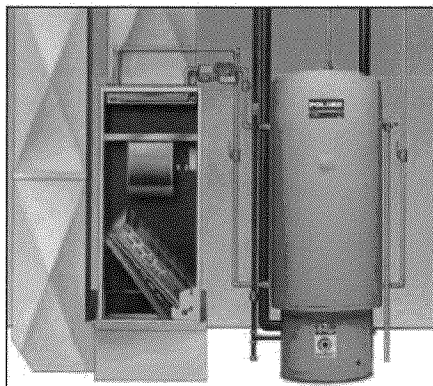


The Best Choice for Hot Water

Polaris is ideal for large homes. For dishwashing, showers, baths, clothes washing, or hot tubs, Polaris is the best choice. Polaris models heat up to 255 GPH at a 90°F temperature rise, compared to 41 GPH for standard gas water heaters.



Polaris Combines Water Heating with Space Heating



Forced Air Hydronic Heat

Polaris can be used to combine an air handler for comfortable forced air hydronic space heating with potable hot water. Hot water is circulated through a coil in the air handler. Air from the home is warmed as it is blown across the coil. Warmed air is returned to the home through air ducts. With up to 199,000 BTUs, Polaris can heat most homes, large or small.

Radiant Hydronic Heat

Polaris works great for homeowners who prefer radiant hydronic heat. With radiant floor hydronic systems, potable hot water is circulated through tubes under the floor. The floor absorbs heat from the tubes and radiates it into the room. With radiant baseboard heat, potable hot water is circulated through finned tube baseboard. Heat rises from the baseboard heaters, warming the home. All water components must be approved for use with potable water.

