BLOCK 25315 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 40 Halsey Rd PERMIT NO. 13-1510

FN

CONSTRUCTION PERMIT APPLICATION

13-00136

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

I. IDENTIFICATION

1. Proposed Work Site at: 40 Halsey Rd Brick 08724
2. Name of Owner in Fee: Robin, Andy
   Tel [redacted] e-mail _____
   Address Same (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Caballero & Sons Plumbing Tel. (732) 294-7971
   Address 919 Hwy 33 Ste 21 07728 Email: _____
   License No. OR, if new home, Builder Reg. No. 9819 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-2414043 Fax: (732) 294-7969
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ Fax: (____) _____
6. Responsible Person in Charge once Work has Begun Michael Caballero
   Tel. (732) 294-7991 Fax: (732) 294-7969

V. FEE SUMMARY (for office use only)

			Update	
1. Building	$	75 ✓	+15	
2. Electrical		40 ✓	40 ✓	
3. Plumbing		150 ✓		90 ✓
4. Fire Protection		45 ✓		
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$			
8. Subtotal	$			
9. State Permit Surcharge Fee				
10. Subtotal	$	15	2	19
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	215	42	109

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ___ HUD ___		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ___ no ___		

IIa. PROPOSED WORK

646
357-06001

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		FEB 04 2013			3/11/13	LW			
☐ Electrical					3-14-13	JS	6-4-13	6-24-13	
☐ Plumbing					3/18/13			6-19-13	
☐ Fire Protection					3/13/13				
☐ Elevator									
TOTAL COST									

Exempt

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE - List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration System
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓ Check if contractor.

Agent Name Caballero & Sons Plumbing

Address 919 Hwy 33 Ste 21 Freehold 07728

Telephone (732) 294-7671

Signature Manuel Caballero

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/04/2013
Control Number C-13-001364
Permit Number 13-1510
Permit Issue Date 04/09/2013
Certificate Number 13-1510

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 40 HALSEY DR. Brick Township, NJ Block: 253.15 Lot: 6 Qual:

Owner in Fee: ROBIN, LARRY & ANDREW

Owner Address: 5 MONTREAL WOODS CT MANALAPAN NJ 07726

Telephone:

Contractor CABALLERO & SON PLUMBING INC

Address 919 HWY 33 STE 21 FREEHOLD NJ 07728-

Telephone: (732) 294-7971 Fax:

License Number or Builders Registration Number: 9819 Federal Emp. Number: 22-241045

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -RESIDENTIAL

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 09/04/2013 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued 7/6/13
Control # C-13-003484
Permit # 13-1510+B

IDENTIFICATION Block: 253.15 Lot: 6 Qualifier
Work Site Location: 40 HALSEY DR. Brick Township, NJ
Owner in Fee: ROBIN, LARRY & ANDREW
5 MONTREAL WOODS CT MANALAPAN NJ 07726
Telephone:

Contractor: CABALLERO & SON PLUMBING INC
Address: 919 HWY 33 STE 21 FREEHOLD NJ 07728-
Telephone: (732) 294-7971
Lic. No. or Bldrs. Reg. No. 9819
Federal Employee. No. 22-241045

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 - -RESIDENTIAL

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $11[illegible]25

Daniel F Newman Jr — Construction Official
Date 6/25/13

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$90
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$19
CO Fee	
Other	$0
Total	$109
Check No.	314
Cash	$0
Credit	$0
Collected By	

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

REQUIRED INSPECTIONS

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

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

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

07/05/13 12:[illegible]PM 00155884494
X10 SERV.010
#1510
PLUMBING $90.00
DCA $19.00
[illegible]

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.

6/4/13 - LM w/ contractor

PERMIT UPDATE

Date Update Issued 6/12/13
Control # C-13-003198
Permit # 13-1510+A

IDENTIFICATION Block: 253.15 Lot: 6 Qualifier
Work Site Location: 40 HALSEY DR. Brick Township, NJ

Contractor Sofdan Electric
Address 169 Keats Ave. Elizabeth NJ 07208

Owner in Fee ROBIN, LARRY & ANDREW
5 MONTREAL WOODS CT MANALAPAN NJ
07726

Telephone:

Telephone: (973) 277-5484
Lic. No. or Bldrs. Reg. No. 14022
Federal Employee. No. 223501912

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 - -RESIDENTIAL

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

David K. Newman Jr. — Construction Official
6/4/13 — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$42
Check No.	1779
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

☑ 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.

06/12/13 11:40AM 0015589300
YR10 SERV.010
#1510
ELECTRIC $40.00
DCA $2.00
CHECK $42.00

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 4/9/13
Control # C-13-001364
Permit # 13-1510

IDENTIFICATION Block: 253.15 Lot: 6 Qualifier

Work Site Location: 40 HALSEY DR. Brick Township, NJ

Owner in Fee: ROBIN, LARRY & ANDREW
5 MONTREAL WOODS CT MANALAPAN NJ 07726

Telephone:

Contractor: CABALLERO & SON PLUMBING INC
Address: 919 HWY 33 STE 21 FREEHOLD NJ 07728-

Telephone: (732) 294-7971
Lic. No. or Bldrs. Reg. No. 9819
Federal Employee. No. 22-241045

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - -RESIDENTIAL

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

Estimated Cost of Work $3,250

Daniel Newman jr. 4/9/13
Construction Official Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$40
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$215
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/9/13

Date Issued / Permit # 13-1510

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

Block 253.15 Lot 6 Qualification Code

Work Site Location 40 Halsey Rd Brick 08724

Owner in Fee: Robin

Tel. [redacted] e-mail

Address Same
street municipality state zip code

Contractor: Caballero & Sons Plumbing Tel. (732) 294-7971

Address 919 Hwy 33 Ste 21 07728 e-mail

Contractor License No. 9819 Exp. Date

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

Federal Emp. ID No. 22-2414043 FAX: (732) 294-7969

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 $ 11,125.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 3/18/13 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-19-13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9-3-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	09.26.13		5/3/13	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	09.26.13		5/8/13	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	07.12.13		08.30.13	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Michael Caballero

Print name here: Michael Caballero

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Kitchen, two bathroom, core Lines

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

See Email all Replacement

3/14

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

04.26.13 PA

(1) UPDATE PERMIT + NEED ACCURATE GAS DRAWING - TO INSPECTOR TO OFFICE

(2) WATER NOT OUT DOOR OK

(3) FILL SHOWER BASES WITH WATER OK

(5)

(6) RUN 1/4 AS CLOSE AS POSSIBLE. OK

6/8/10 MB

(7) UPDATES

07.12.13 PA

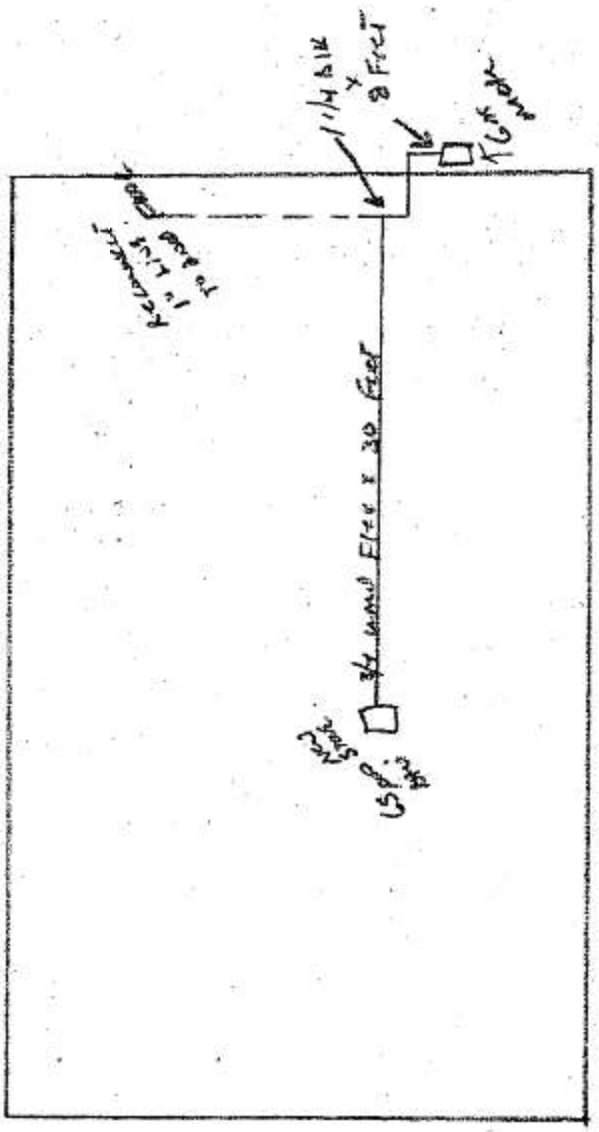
(1) ANTI-TIP STRAP - OK 08.30.13 PA.

(2) CAST BONDING - OK

Caballero & Sons

919 HIGHWAY 33 • SUITE 21
FREEHOLD, NJ 07728
PHONE: (732) 294-7975
FAX: (732) 294-7969

AIR CONDITIONING & HEATING, INC.



40'

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE

Building Subcode _____
Plumbing Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer _____
Plans Released _____
Construction Official _____ 3/18/13

PLUMBING SUBCODE
TECHNICAL SECTION

UPDATE

Date Received 7/5/13
Control #
Date Issued
Permit # 13-1510+B

owner Larry 646-357-0601

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

Block 253.15 Lot 6 Qualification Code

Work Site Location 40 Halsey Rd Brick 08724

Owner in Fee: Rahin Call when ready (owner)

Tel. [redacted] e-mail

Address Same

Contractor: Caballero & Sons Plumbing (street, municipality) Tel. (732) 294-7971 (zip code)

Address 919 Hwy 33 ste 21 Freehold e-mail

Contractor License No. 9819 Exp. Date

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

Federal Emp. ID No. 22-2414043 FAX: (732) 294-7969

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 $ 11,125.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date 6-24-13 Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6-25-13

Approved by: JV

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 9-3-13

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			5-2-13	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			08-30-13	PA

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Michael Caballero

Print name here: Michael Caballero

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

kitchen, bathroom (x2), gas line (x2)

QTY.	FIXTURE / EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
3	Lavatory	
X1	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
X	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ELECTRICAL SUBCODE
TECHNICAL SECTION

UPDATE
Date Received / Control # 6/12/13
Date Issued / Permit # 13-1510+A

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

Block 25301.15 Lot 6 Qualification Code

Work Site Location 40 HALSEY Dr. BRICK, NJ

Owner [redacted] Y ROBIN

Tel. ([redacted] e-mail

Address 5 MONTREAL Woods Ct MANALAPAN 07726
(street) (municipality) (zip code)

Contractor: Seldan Electric INC. Tel. (973) 277-5484

Address 160 Keats Ave. e-mail
Elizabeth, N.J. 07208

Contractor License No. 14022 Exp. Date 3/31/15

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

Federal Emp. ID No. 22-3501912 FAX: (908) 378-5208

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 6-7-13
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/8/13
Approved by: JJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-12-13	DD
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Alfredo Madeira

Print name here: Alfredo Madeira

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: WIRE AND INSTALL FIXTURES IN TWO BATHROOMS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
3		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
23		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	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/9/13
Control #
Date Issued
Permit # 13-1510

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

Block 2533/5 Lot 6 Qualification Code

Work Site Location 40 HALSEY DR. BRICK, NJ

Owner in Fee: ANDY / LARRY ROBIN

Tel. [redacted] e-mail

Address 51 SCUDDER RD WESTFIELD, NJ
street municipality zip code

Contractor: SOFDIAN ELECT., INC. Tel. (973) 477-6484

Address 169 KEATS AVE. e-mail
ELIZABETH, NJ 07208

Contractor License No. 14022 Exp. Date 3/31/15

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

Federal Emp. ID No. 22-3501912 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 3-14-13
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [✓] CCO [ ] CA
Date: 7/8/13
Approved by: JJ

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			5-3-13	D
Barrier-Free				
Trench				
Temp. Serv.		UP-DATE		
Constr. Serv.				
TCO				
Other				
Service				
Final			7-12-13	D
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Alfredo Madeira

Print name here: Alfredo Madeira

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Bond Gas line

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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	
1		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	

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/9/13
Control #

Date Issued
Permit # 13-1510

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

Block 253.15 Lot 6 Qualification Code

Work Site Location 40 HALSEY DR.
BRICK, NJ

Owner in Fee: ANDY / LARRY ROBIN

Tel [redacted] mail

Address 31 SCUDDER RD WESTFIELD, NJ 07090
street municipality zip code

Contractor: CADERO CONST. LLC Tel. (973) 445-4546

Address 116 PRINCETON RD e-mail CADEROCONST@GMAIL.COM
ELIZABETH, NJ 07208

Contractor License No. or Builder Registration No. 029121 Exp. Date 5-31-13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH00064960

Federal Emp. ID No. 22-3603184 FAX: (908) 351-7216

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: TONY CARDADEIRO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace sheetrock at entire 1st floor, fiberglass insulation flooring (carpet) and kitchen cabinets, Replace all doors and Trims, Replace Bath fixtures

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/11/13	W
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3/12/13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 07/15/13
Approved by: KELL

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation			5/8/13	MV
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7-12-13	G.P
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ ~~80,000~~ 2,000
3. Total (1+ 2) $ ~~80,000~~ 2,000

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

FEE (Office Use Only)
$ _____

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

All Email

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/9/13
Control #
Date Issued
Permit # 13-1510

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

Block 253.15 Lot 6 Qualification Code
Work Site Location 40 Halsey Dr Brick 08724

Owner in Fee: Robin
Tel. [redacted] e-mail
Address Same

Contractor: Caballero & Sons Plumbing Tel. (732) 294-7971
Address 919 Hwy 33 Ste. 21 Freehold 07728 e-mail

Fire Protection Equipment, NJ Div. of Fire Safety Permit No.
Fire Protection Equipment, NJ Div. of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable)
Federal Emp. ID No. 22-2414043 Fax: (732) 294-7969

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 3/13/13 Approved by: NSD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 3/13/13
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7-15-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			7/12/13	NSD
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			7/24/13	NSD
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Michael Caballero
Print name here: Michael Caballero
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 925 line (STORE)
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm System		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e, tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other		

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

7/5/13

PLUMBING SUBCODE
TECHNICAL SECTION

UPDATE

Date Received
Control # 13-1510 + b
Date Issued
Permit #

owner entry 646-557-0601

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

Block 253.15 Lot 6 Qualification Code ______

Work Site Location 40 Holly Rd [illegible]

Owner in Fee: R. [illegible] Call when ready (owner)

Tel. [redacted] e-mail ______

Address ______ (street / municipality / zip code)

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

Address [illegible] e-mail ______

Contractor License No. [illegible] Exp. Date ______

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

Federal Emp. ID No. [illegible] FAX: (732) [illegible]

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 $ 11,125.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: ______ Approved by: ______

[✓] Plumbing Plans Approved

Date: 5-21-13 Approved by: [signature]

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6-25-13

Approved by: EJ

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

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

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: [illegible]

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Kitchen, Bath [illegible] (x2), [illegible] (x2)

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

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

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

PLUMBING SUBCODE
TECHNICAL SECTION

UPDATE

Date Received 1/15/13
Control #
Date Issued
Permit # 13-1510-1D

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

Block 32.13 Lot 6 Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible] (owner)

Tel. [redacted] e-mail

Address street municipality zip code

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

Address [illegible] e-mail

Contractor License No. [illegible] Exp. Date

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

Federal Emp. ID No. [illegible] FAX: ( ) [illegible]

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 $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[✓] Plumbing Plans Approved

Date: 1-31-13 Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 1-22-13

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 [illegible]

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

Caballero & Sons
AIR CONDITIONING & HEATING, INC.
919 HIGHWAY 33 • SUITE 21
FREEHOLD, NJ 07728
PHONE: (732) 294-7975
FAX: (732) 294-7969

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer	MD	8/18/13
Plans Released		
Construction Official		

Kitchen

6/18/13 fax 732-294-7969

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

Subcode Official Review

Larry —
1- 646-357
0601

Date: Wednesday, June 19, 2013

To: ROBIN, LARRY & ANDREW
5 MONTREAL WOODS CT
MANALAPAN, NJ 07726

RE: Plumbing Subcode
Block: 253.15 Lot: 6 Qual:
40 HALSEY DR.
Permit Number: 13-1510+B Control Number: C-13-003484
Last Submit Date: Tuesday, June 18, 2013

Dear ROBIN, LARRY & ANDREW,

Your request is hereby denied based upon the following infractions.1- Please submit plumbing schematic w/ update.

Sincerely,

_____

Mark Hibbard, Subcode Official

CC:

** Transmit Confirmation Report **

P.1
TWP OF BRICK - FINANCE Fax:732-262-3048

Jun 24 2013 09:09am

Name/Fax No.	Mode	Start	Time	Page	Result	Note
7322947969	Normal	24,09:08am	0'38"	1	O K	

6/18/13 fax 732-244-1969

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

Subcode Official Review

Date: Wednesday, June 19, 2013

To: ROBIN, LARRY & ANDREW
5 MONTREAL WOODS CT
MANALAPAN, NJ 07726

RE: Plumbing Subcode
Block: 253.15 Lot: 6 Qual:
40 HALSEY DR.
Permit Number: 13-1510+B Control Number: C-13-003484
Last Submit Date: Tuesday, June 18, 2013

Dear ROBIN, LARRY & ANDREW,

Your request is hereby denied based upon the following infractions 1- Please submit plumbing schematic w/ update.

Sincerely,

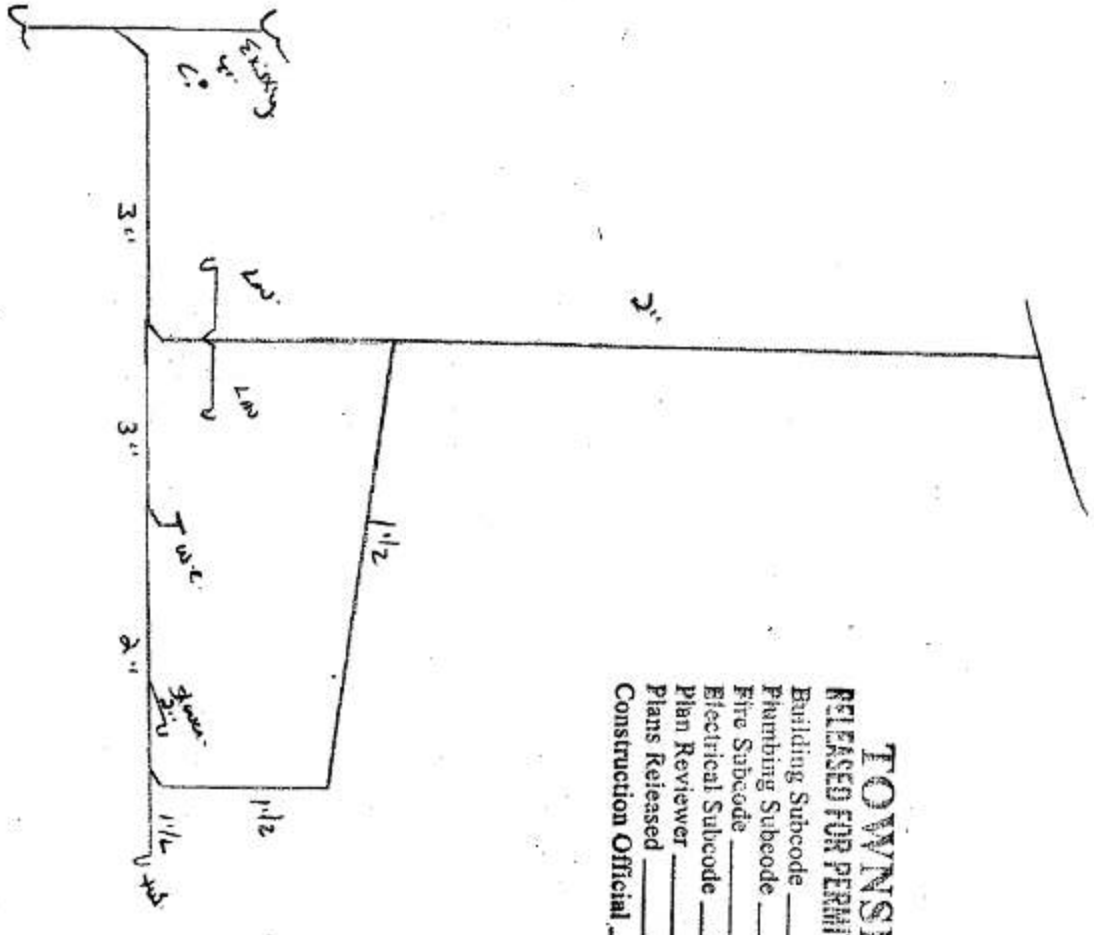
Mark Hibbard, Subcode Official

CC:

Caballero & Sons

919 HIGHWAY 33 • SUITE 21
FREEHOLD, NJ 07728
PHONE: (732) 294-7975
FAX: (732) 294-7969

AIR CONDITIONING & HEATING, INC.



TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE

Building Subcode _____
Plumbing Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer _____
Plans Released _____ 3/16/13
Construction Official _____

UPDATE

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/12/13
Control #
Date Issued
Permit # 13-1516

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

Block 853.15 Lot 6 Qualification Code ______

Work Site Location 40 Hawley Dr. Brick NJ

Owner in Fee: [illegible]

Tel. [redacted] e-mail ______

Address 5 [illegible] Woods Ct. [illegible] NJ 07726 (street, municipality, zip code)

Contractor: [illegible] Electric Inc. Tel. (973) 977-5484

Address 764 [illegible] [illegible] NJ 07208 e-mail ______

Contractor License No. 14022 Exp. Date 5/31/15

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

Federal Emp. ID No. 22-3501612 FAX: (908) 371-5208

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 1,008

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[ ] Electric Plans Approved

Date: ______ Approved by: ______

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-?-13

Approved by: JF

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued ______

Final Cut-in-Card Date Issued ______

Annual Pool Inspection ______

Date of Grounding and Bonding Certification ______

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here. [signature]

Print name here: Alfredo [illegible]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Wire and install fixtures in two bathrooms

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
3		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
23		TOTAL NUMBERS	$
		Pool Permit/with U/W 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	

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/12/13
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 Lot Qualification Code

Work Site Location

Owner in Fee:

Tel. ( ) e-mail

Address
street municipality zip code

Contractor: Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
16		Lighting Fixtures	
3		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
29		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	

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

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

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, Newark, NJ 07102

JEFFREY S. CHIESA
Attorney General

ERIC T. KANEFSKY
Acting Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410

March 1, 2013

TO WHOM IT MAY CONCERN

Our records indicate that the holder of License and Business Permit **No.14022** has applied to the Board of Electrical Contractors for a pressure seal which has not yet been issued to him/her by the vendor.

Please accept this sealed letter as an interim device pending the furnishing of a seal to:

Alfredo Madeira
SOFDAN Inc. T/A SOFDAN Electric Inc.
169 Keats Avenue
Elizabeth, NJ 07208

This letter will be rendered invalid **180 days** after the date of its issuance.

Sincerely,

David Freed
Acting Executive Director

DF:es

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Exam. of Electrical Contractors

HAS LICENSED

SOFDAN INC T/A SOFDAN ELEC INC
ALFREDO MADEIRA
169 Keats Avenue
Elizabeth NJ 07208

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

01/30/2012 TO 03/31/2015
VALID

34EB01402200
LICENSE/REGISTRATION/CERTIFICATION #

Alfredo Madeira
Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/9/13

Date Issued / Permit # 13-1510

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

Block 253.15 Lot 6 Qualification Code _____

Work Site Location 110 Halsey Rd Brick 08724

Owner in Fee: Robin

Tel. [redacted] e-mail _____

Address Same
(street, municipality, zip code)

Contractor: Caballero & Sons Plumbing Tel. (732) 294-7971

Address 919 Hwy 33 Ste 21 07728 e-mail _____

Contractor License No. 9819 Exp. Date _____

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

Federal Emp. ID No. 22-2111243 FAX: (732) 294-7969

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 $ 11,125.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Plumbing Plans Approved
Date: 3/18/13 Approved by: MB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-19-13
Approved by: G

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Richard Caballero

Print name here: Richard Caballero

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Kitchen two bathroom, laundry

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

See Email all Replacement

3/11

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/10/13

Date Issued / Permit # 13-1510

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

Block 2.23.15 Lot 6 Qualification Code

Work Site Location [illegible] Brick 08724

Owner in Fee: Robin

Tel. [redacted] e-mail

Address [illegible]

Contractor: (street) [illegible] (municipality) Plumbing Tel. (732) 244-7171 (zip code)

Address 914 Hwy 37 West Toms River 08753 e-mail

Contractor License No. 9219 Exp. Date

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

Federal Emp. ID No. 22-3[illegible]2.3 FAX: (732) 244-7177

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 $ 11,125.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[✓] Plumbing Plans Approved

Date: 1-11-13 Approved by: [illegible]

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 1-11-13

Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: [illegible]

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

K.I.t.c.h.e.n. [illegible]

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

3/11

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/9/13
Control #
Date Issued
Permit # 13-1510

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

Block 153.15 Lot 6 Qualification Code ______

Work Site Location 46 Halsey Dr.
Brick, NJ

Owner in Fee: ... Larry Robin

Tel [redacted] e-mail

Address 31 Scudder Rd Westfield, NJ 07090
(street) (municipality) (zip code)

Contractor: Chadeiro Const. LLC Tel. (973) 495-4546

Address 115 Princeton Rd e-mail Chadeiroconst.@...
Elizabeth NJ 07208

Contractor License No. or Builder Registration No. C-29171 Exp. Date 5-31-13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01664600

Federal Emp. ID No. 22-3603184 FAX: (908) 351-7316

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: Tony Chardadeiro

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace part of existing 1st floor, ~~bathroom~~ insulation, flooring ~~stove~~ and kitchen cabinets, replace all doors and trim, replace bath fixtures

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All 3/11/13		[initial]
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3/12/13
Approved by: [initials]

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

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

(Dates (Month/Day))

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

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

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ ~~80,000~~ 9,000
3. Total (1+ 2) $ ~~80,000~~

HIC
Email

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

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

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 _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (___) _____ e-mail _____

Address _____ (street) _____ (municipality) _____ (zip code)

Contractor: _____ Tel. (___) _____

Address _____ e-mail _____

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2/14/12	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

B. BUILDING CHARACTERISTICS

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

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

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

C. CERTIFICATION IN LIEU OF OATH

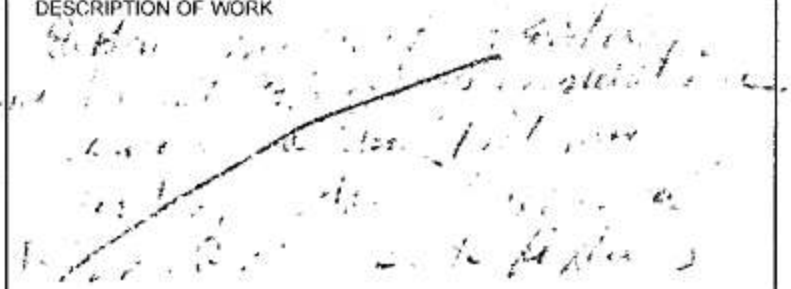
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK



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

FEE (Office Use Only)
$ _____

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/9/15
Control #
Date Issued 2209
Permit # 13-4510

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

Block 4533 Lot 6 Qualification Code

Work Site Location 44 HALSEY DR. BRICK, NJ

Owner in Fee: ANDY / LARRY ARBIN

Tel. [redacted] e-mail

Address 31 SCUDDER RD WAYFIELD, NJ

Contractor: SOFDAN ELEC. INC. Tel. (973) 777-5484

Address 169 HEATH AVE. e-mail

ELIZABETH, NJ 07208

Contractor License No. 14822 Exp. Date 3/31/15

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

Federal Emp. ID No. 22-3501612 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as / Utility Co.

Est. Cost of Elec. Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 3-31-15

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Elec. Inst.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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	
1		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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/4/12
Control #
Date Issued 12021
Permit #

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

Block 2391 Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Tel. [redacted] e-mail _____

Address 21 _____

Contractor: _____ (street) _____ (municipality) _____ (zip code) Tel. (173) 77- _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Electric Plans Approved

Date:_____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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	
1		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	
		_____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

U.C.C. F120 (rev. 11/08) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/9/13
Date Issued / Permit # 13-1510

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

Block 253.15 Lot 6 Qualification Code
Work Site Location 40 Halsey Dr Brick 08724

Owner in Fee: Rabin
Tel [redacted] e-mail
Address Same
Contractor: Caballero & Sons Plumbing Tel. (732) 291-7971
Address 919 Hwy 33 Ste 21 Freehold 07728 e-mail

Fire Protection Equipment, NJ Div. of Fire Safety Permit No.
Fire Protection Equipment, NJ Div. of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable)
Federal Emp. ID No. 22-2414043 Fax: (732) 291-7969

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Total Cost of Fire Protection Work $

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 3/21/13 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 3/31/13
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Michael Caballero
Print name here: Michael Caballero
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: gas line (stove)
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm System		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e, tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 7/1/13

Date Issued
Permit # 13 1510

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

Block 253.15 Lot 6 Qualification Code _____

Work Site Location [illegible] Rt 46 07724

Owner in Fee: [illegible]

Tel. [redacted] e-mail _____

Address _____

Contractor: [illegible] Plumbing Tel. (732) 2[illegible]
(street) (municipality) (zip code)

Address [illegible] e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 22-[illegible] Fax: (732) 2[illegible]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

[✓] Fire Protection Plans Approved

Date: 7-1-13 Approved by: [illegible]

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 7-1-13

Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [illegible]

Print name here: [illegible]

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: [illegible]

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm System		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e, tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	✓	
Fireplace Venting/Metal Chimney		
Other		

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

Daniel Newman

From: LR [larry.robin@yahoo.com]
Sent: Monday, March 25, 2013 11:31 AM
To: Daniel Newman
Subject: 40 Halsey drive, brick, no

Mr. Newman,

First, I want to thank you for taking a few minutes to speak with me earlier this morning. I just got off the phone with my contractor and here is the information that he gave me:

Cost of framing shower $1,000
Cost for plumbing shower. $1,000

Total cost of shower approx. $2,000

Also, we will be using 2 fixtures in the shower (one overhead and one handheld).

That is the only change we are making to our home. Everything else is a replacement.

I would appreciate if you could re-calculate the permit fees and get back to me so we could move forward. Please feel free to reply to this email or call my cell number below.

Thanks again for your help. This has been a really tough time for us and lots of other people, so I really appreciate when I speak to someone who is so helpful. Thanks again.

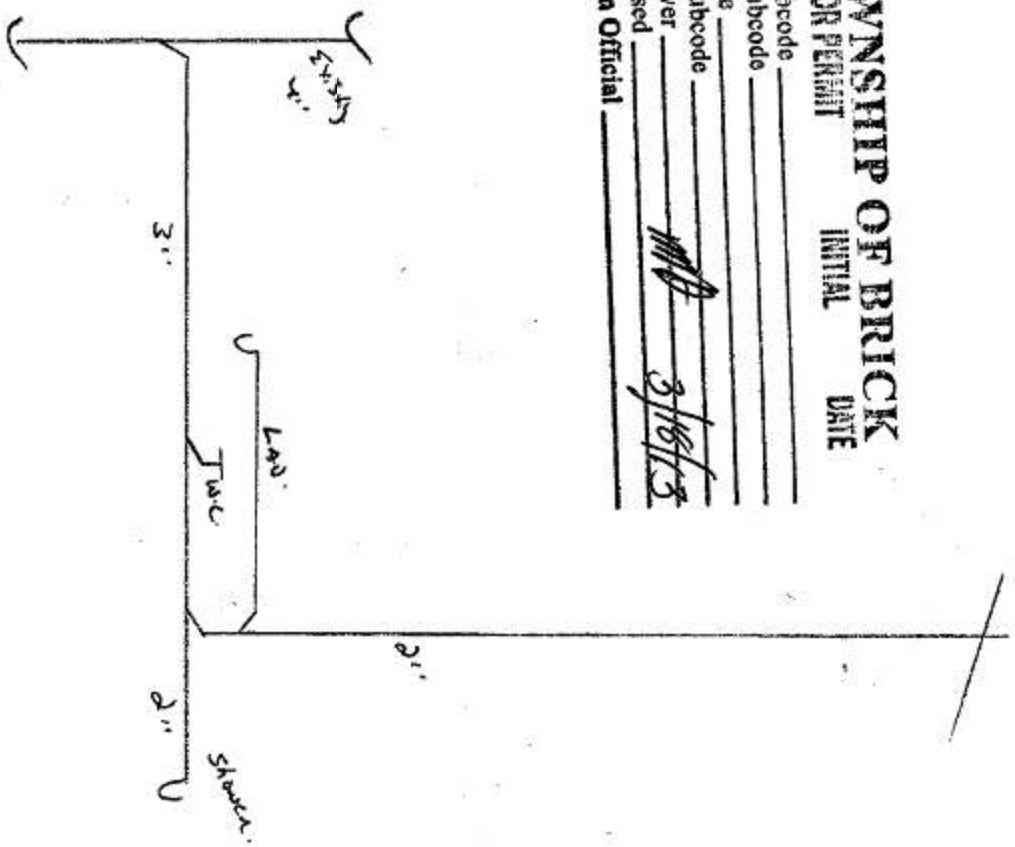
Larry Robin
cell. 646-357-0601

Caballero & Sons

919 HIGHWAY 33 • SUITE 21
FREEHOLD, NJ 07728
PHONE: (732) 294-7975
FAX: (732) 294-7969

AIR CONDITIONING & HEATING, INC.

TOWNSHIP OF BRICK
RELEASED FOR PERMIT **INITIAL** **DATE**
Building Subcode _____
Plumbing Subcode _____
Fire Subcode _____
Electrical Subcode _____ 3/16/13
Plan Reviewer _____
Plans Released _____
Construction Official _____

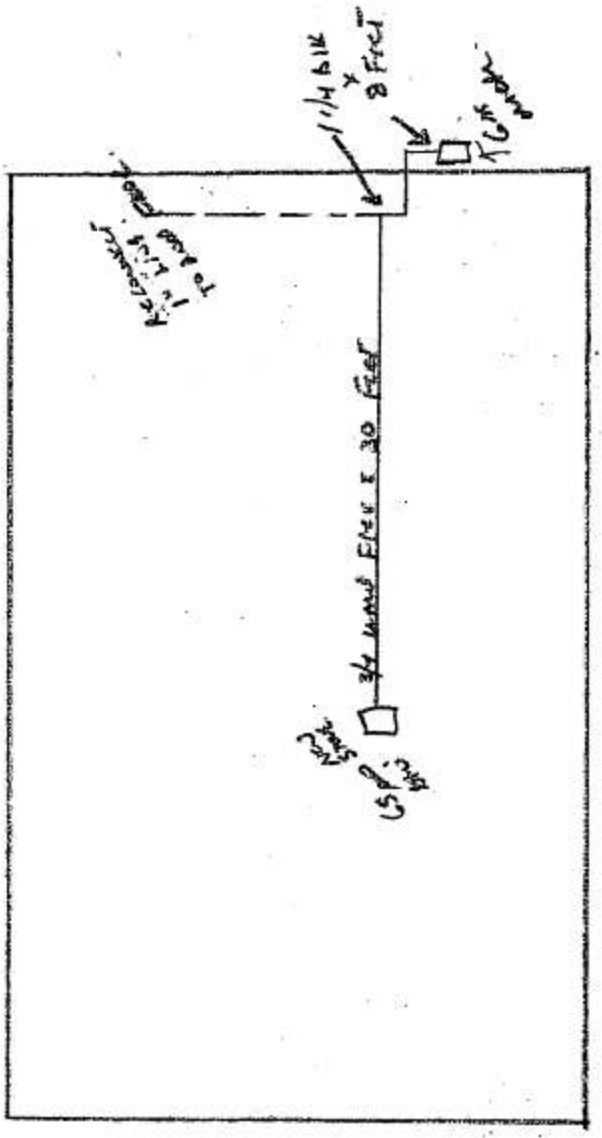


MAN 6444009

Caballero & Sons

919 HIGHWAY 33 • SUITE 21
FREEHOLD, NJ 07728
PHONE: (732) 294-7975
FAX: (732) 294-7969

AIR CONDITIONING & HEATING, INC.



HP1

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

TOWNSHIP OF BRICK

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

Department of Land Use and Community
Development-Engineering Department

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

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

March 6, 2013

Andy Robin
40 Halsey Drive
Brick, NJ

Re: Substantially Damaged Structure Determination
40 Halsey Drive
Block 253.15; Lot 6

Dear Andy Robin:

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

Your estimated cost of repair is $ 70,792, based upon the estimate we prepared.

The fair market value of the structure is estimated to be $ 169,988.

In accordance with FEMA regulations 44 CFR 60.0, the structure does **not** meet the definition of substantially damaged. As a result, you will **not** be required to retrofit the structure to be FEMA compliant in conjunction with your repairs.

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

Sincerely,

John M. Mele, P.E.
Township Engineer

Cc: Daniel Newman, Construction Official