BLOCK 253.15 LOT C15-6 QUALIFICATION CODE _____ ADDRESS (SITE) 40 HALSEY DRIVE PERMIT NO. 98-1055

CONSTRUCTION PERMIT APPLICATION

CALL - PAULINE 920-5595

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

I. IDENTIFICATION

1. Propsed Work Site at: 40 Halsey Drive, Brick
2. Name of Owner in Fee: Lisa Demeroff Tel. ( ) _____
   Address 919 N. Michigan Ave, Chicago Illinois 60611 (street, municipality)
3. Ownership in Fee: Public _____ Private ✓ [redacted]
4. Principal Contractor: Lisa Demeroff by PAULINE GIKAS
   Address POB 39 FARMINGDALE, NJ 07727
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 131-26-9129 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work PAULINE GIKAS
   Tel. (732) 938-2323 FAX ( ) _____

Alterations - interior work.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 510.-	to 44.-	
2.	Electrical			
3.	Plumbing	65.- 55.-		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	17.-		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 627.-	44.-	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
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.	Construction Classification _____	
7.	Total Land Area Disturbed _____ sq. ft.	
8.	Flood Hazard Zone _____	
9.	Base Flood Elevation _____ ft.	
10.	Wetlands yes _____	
	no _____	
11.	Max. Live Load _____	
12.	Max. Occupancy Load _____	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work		CAS	4/14/98						
2.	☐ New Building					4/16/98	DK	8/25/98		DK
3.	☐ Addition					4/15/98	DK	5-26-99		DK
4.	☒ Alteration					4-20-98	DK	6/25/98		DK
5.	☐ Fire Protection					10794	MM	11/2/99		DK
6.	☐ Plumbing									
7.	☒ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS ✓	20,000								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

LDS BR 10405090

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature Pauline P Gibas for Lisa Renerett Date 4/14/98

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 compiy 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 Pauline P Gibas

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/01/99
Control #
Permit # 98-1055

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 253.15 Lot 6 Qual
Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS
Owner in Fee/Occupant NEMKROFF, LISA
Address 919 N MICHIGAN AVE
CHICAGO, IL 60611-
Telephone [redacted]
Contractor H O M E O W N E R
Address
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATION SPELLED OUT ON ENCLOSED LIST

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

J. Caruzza WP
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 3736
Collected by: WP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/01/99
Control #
Permit # 98-1055

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 253.15 Lot 6 Qual
Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS
Owner in Fee/Occupant NEMEROFF, LISA
Address 919 N MICHIGAN AVE
CHICAGO, IL 60611-
Telephone [redacted]
Contractor H O M E O W N E R
Address
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATION SPELLED OUT ON ENCLOSED LIST

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

J. Cuzzaza Dup
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 3736
Collected by: WP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/22/98
Control #
Permit # 98-1055

UCC NEW JERSEY

CONSTRUCTION PERMIT

0002 04/22/98 NO. 5
98105S** 001546005

LOT	0.00
6 #	
BUILDINGS	510.00
PLUMBING	65.00
FIRE	35.00
D.C.A.	17.00
TOTAL	627.00
CHECK	627.00
CHANGE	0.00
	09:02

IDENTIFICATION Block 253.15 Lot 6

Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS

Owner in Fee NEMEROFF, LISA
Address 919 N MICHIGAN AVE
CHICAGO, IL 60611-
Telephone [redacted]

Contractor H O M E O W N E R
Address

Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. HO-
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
INTERIOR ALTERATION SPELLED OUT ON ENCLOSED LIST

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 $ 21,210

J. Cuccazza
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	510
Electrical	0
Plumbing	65
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	17
Cert. of Occ.	0
Other	
Total	627
Check No.	3736
Cash	
Collected By:	WP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 01/08/99
Control #
Permit # 98-1055+A
Permit Issued 04/22/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 253.15 Lot 6 Qual

Work Site Location 40 HALSEY DR
ELECTRICAL
Owner in Fee NEMEROFF, LISA
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor AFFILIATED ELECTRICAL SERVICE
Address 2 JACKSON ST
FREEHOLD, NJ 07728-
Telephone (732)431-3630
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2533489

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ELECTRICAL FOR INTERIOR ALTERATION

PAYMENTS (Office Use Only)

Building	0
Electrical	44
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other Penalty	100
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	144 ~~44~~
Check No.	4097
Cash	
Collected By	CS

Estimated Cost of Work $ 300

J. Cervantes / AS
Construction Official

01/08/99
Date

U.C.C. P190 (rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 1-8-99
Date Issued
Control #
Permit # 98-1055+A

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
Work Site Location 40 HALSEY CT BRICK
Owner in Fee/Occupant GIKAS/ NEHEROFF
Address 40 HALSEY CT. BRICK
Tele. (732)
Contractor AFFILIATED ELECTRICAL SERVICES
Address 2 JACKSON ST FREEHOLD NJ 07728
Tele. (732) 431-3630 Fax ( )
Lic. No. 7537
Federal Emp. No. 222533489

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10-7-99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1 12 99
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other AC T Furnace			1 12 99 MM	
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] 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
1	3HP	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
1	1/2hp	air handler

CL# 4097

FEE (Office Use Only)

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	$
DCA Training Fee	$
TOTAL FEE	$ 44.-

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 1-8-99
Date Issued
Control #
Permit # 98-1055+A

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 61
Work Site Location 40 HALSEY CT.
BRICK
Owner in Fee/Occupant GIKAS/NEHROFF
Address 40 HALSEY CT.
BRICK
Tele. (732)
Contractor AFFILIATED ELECTRICAL SERVICES
Address 2 JACKSON ST.
FREEHOLD NJ 07728
Tele. (732) 431-3630 Fax ( )
Lic. No. 7537
Federal Emp. No. 222533489

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1-7-99
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] 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
1	3HP	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
1	7½hp	Air Handler

CK# 4097

FEE (Office Use Only)

	$
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 44.

Monica Russo 1-8-99

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

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

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

98-1055+A
938 2323

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
Work Site Location 40 Halsey DR. Brick Town, N.J.
Owner in Fee/Occupant Lisa Meroff
Address 919 No. Michigan Ave. Chicago, Ill. 60611
Tele. ( )
Contractor Edward M. Lynch
Address 1878 Greenwood Rd. Toms River N.J.
Tele. ( ) 255-3203 Fax ( )
Lic. No. 515913
Federal Emp. No. 22-2074769

B. ELECTRICAL CHARACTERISTICS

Use Group Present S.F. Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6 3 99
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-3-99	JG

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
6		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		.....
		TOTAL NUMBERS
		Pool Permit/with UW Lights
1		Storable Pool/Spa/Hot Tub Whirlpool
		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)

APR 9 98 002891

TOTAL NUMBERS $
Pool Permit/with UW Lights
Storable Pool/Spa/Hot Tub Whirlpool
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

dl # 13029

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 35.—

m

U.C.C. F120 (rev. 3/98)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/14/98
Date Issued 4/22/98
Control # C156
Permit # 98-1055

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
Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS
Owner in Fee NEMEROFF, LISA
Address 919 N MICHIGAN AVE
CHICAGO, IL 60611-
Tele.(732)938-2323
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-
or Social Security 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

INTERIOR ALTERATION SPELLED OUT ON ENCLOSED LIST

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/16/98	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			8-25-98	

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	510
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (5' or over)	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
Demolition	0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 20,000
3. Total (1+2)$ 20,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 510
DCA Training Fee	$ 16

U.C.C. Form F-1108

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/14/98
Date Issued 4/22/98
Control # C156
Permit # 98-1055

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
Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS
Owner in Fee NEMEROFF, LISA
Address 919 N MICHIGAN AVE
CHICAGO, IL 60611-
Tele. [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-
or Social Security 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

INTERIOR ALTERATION SPELLED OUT ON ENCLOSED LIST

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/16/98	JC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	510
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (6' or over)	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 20,000
3. Total (1+2)$ 20,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 510
DCA Training Fee	$ 16

U.C.C. Form F-1108

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/14/98
Date Issued 4/22/98
Control # C15-6
Permit # 98-1055

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

Block 253.15 Lot 6
Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS
Owner in Fee NEMEROFF, LISA
Address 919 N MICHIGAN AVE
CHICAGO, IL 60611-
Tele [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Construction Class Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: UTILITY ROOM
Total Est Cost of Fire Prot. Work $ 10 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[✓] Fire Plans Approved
Date: 4/15/98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 5/28/98
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst			5/28/98	
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity 0	Fuel
Combustible Liquid Storage Tanks	( ) Capacity 0	Fuel
L.P.G. Storage Tanks	( ) Capacity 0	Fuel
L.N.G. Storage Tanks	( ) Capacity 0	Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	6	
Heat Detectors	0	
TOTAL	6	35
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other		0
Other		0

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

U.C.C. Form F-1408

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/14/98
Date Issued 4/22/98
Control # C15-6
Permit # 98-1055

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
Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS
Owner in Fee NEMEROFF, LISA
Address 919 N MICHIGAN AVE
CHICAGO, IL 60611-
Telc. [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Construction Class Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: UTILITY ROOM
Total Est Cost of Fire Prot. Work $ 10 [ ] Other
JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 4/15/98
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity	0	Fuel
Combustible Liquid Storage Tanks	( ) Capacity	0	Fuel
L.P.G. Storage Tanks	( ) Capacity	0	Fuel
L.N.G. Storage Tanks	( ) Capacity	0	Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	6	
Heat Detectors	0	
TOTAL	6	35
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other		0
Other		0

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

U.C.C. Form F-1408

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/14/98
Date Issued / /
Control # C15-6
Permit #

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
Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS
Owner in Fee NEMEROFF, LISA
Address 919 N MICHIGAN AVE
CHICAGO, IL 60611-
Tele [redacted]
Contractor RICHARD J. CHARLETTA
Address 47 BUCKINGHAM DR.
TOMS RIVER, NJ
Tele.(908)255-4293
Lic. No. or Bldrs. Reg. No. BLD-4953
Federal Emp. No. 14-3429948
or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 4-20-98
Approved By: DW

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 30
DCA Training Fee $ 1

U.C.C. Form F-1308

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/14/98
Date Issued / /
Control # C15-6
Permit #

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
Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS
Owner in fee HEMEROFF, LISA
Address 919 N MICHIGAN AVE
CHICAGO, IL 60611-
Tele.([redacted]
Contractor RICHARD J. CHARLETTA
Address 47 BUCKINGHAM DR,
TOMS RIVER, NJ
Tele.(908)255-4293
Lic. No. or Bldrs. Reg. No. BLD-4953
Federal Emp. No. 14-3429948
or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 4-20-98
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 30
DCA Training Fee $ 1

U.C.C. Form F-1308

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/14/98
Date Issued / /
Control # C15-6
Permit #

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
Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS
Owner in Fee HEMEROFF, LISA
Address 919 N MICHIGAN AVE
CHICAGO, IL 60611-
Tele [redacted]
Contractor RICHARD J. CHARLETTA
Address 47 BUCKINGHAM DR,
TOMS RIVER, NJ
Tele.(908)255-4293
Lic. No. or Bldrs. Reg. No. BSO-4953
Federal Emp. No. 14-3429948
or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 4-20-98
Approved By: DM

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

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

C. CERTIFICATION IN LIEU OF OATH

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # _____ Minimum Fee $ 0
Collected by: _____ TOTAL FEE $ 30
DCA Training Fee $ 1

U.C.C. Form F-130B

DIVISION OF INSPECTIONS

SUBCODE
TECHNICAL SECTION

Control # C15T6 2298
Permit # 98-1055

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
Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS
Owner in Fee NEWEROFF, LISA
Address 919 N MICHIGAN AVE
[redacted], 60611-
Tel [redacted]
Contractor RICHARD J. CHARLETTA
Address 47 BUCKINGHAM DR.
TOMS RIVER, NJ
Tele.(908)255-4293
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-3429948
or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 4-22-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 6-25-98

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Slab				
Rough	Visual inspection			
Water	Vent pipe through roof			
Sewer				
Fixtures			6-25	
Gas Equip.				
Gas Piping				
Solar				
TCO				

Dates (Month/Day)

Paid [ ] Check #
Collected by:

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other VARIATION	35
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	65
DCA Training Fee	$	1

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. Form F-130B

DIVISION OF INSPECTIONS

SUBCODE
TECHNICAL SECTION

Control # C15-6 2298
Permit # 98-1055

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
Work Site Location 40 HALSEY DR
INTERIOR ALTERATIONS
Owner in Fee MEHEROFF, LISA
Address 919 N MICHIGAN AVE
CHICAGO, IL 60611-
Tel [redacted]
Contractor RICHARD J. CHARLETTA
Address 47 BUCKINGHAM DR.
TOMS RIVER, NJ
Tele.(908)255-4293
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-3429943
or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 4-22-98
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other VARIATION	35
	Other	0
	Administrative Surcharge $	6
	Minimum Fee $	0
	TOTAL FEE $	65
	DCA Training Fee $	1

Paid [ ] Check #
Collected by:

U.C.C. Form F-1308

40 HACSEY DR

Trus Joist MacMillan

3.5" x 14" 2.0E Parallam® PSL

8.65 SF

TJ-Beam™ v5.03 Serial Number: 707200907
BEAMUSA 1111 1/19/98 9:29:09 AM
Page 1 of 1 Build Code: 041

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED

Product Diagram is Conceptual.

LOADS:

Analysis for BEAM MEMBER Supporting FLOOR - RES. Application. Tributary Load Width: 1'
Loads(psf): 30 Live at 100% duration, 10 Dead, 0 Partition, and:

TYPE	CLASS	LIVE	DEAD	LOCATION	APPLICATION	COMMENT
Uniform(plf)	Floor(1.00)	275	170	0 to 13'	Replaces	FLR,WALL,CJ
Uniform(plf)	Snow (1.15)	495	248	0 to 13'	Replaces	UPPER AND LOWER ROOF

SUPPORTS:

		INPUT WIDTH	BEARING LENGTH	JUSTIFICATION	REACTIONS(lbs.) LIVE/ DEAD/ TOTAL	DETAIL	OTHER
1	2x4 plate	3.50"	5.258"	Left Face	5005 (S1.15) / 2816 / 7821	Detail A3	1.25" LSL Rim
2	2x4 plate	3.50"	5.258"	Right Face	5005 (S1.15) / 2816 / 7821	Detail A3	1.25" LSL Rim

- See TJM SPECIFIER'S / BUILDER'S GUIDES for detail(s): A3.
- Bearing length requirement exceeds input at support(s) 1, 2. Supplemental hardware is required to satisfy bearing requirements.

DESIGN CONTROLS:

	MAXIMUM	DESIGN	ALLOW.	CONTROL	LOCATION
Shear(lb)	7621	6067	10894	Passed(56%)	LT. end Span 1 under Snow Roof loading
Moment(ft-lb)	24133	24133	31236	Passed(77%)	MID Span 1 under Snow Roof loading
Live Defl.(in)		0.315	0.422	Passed(L/483)	MID Span 1 under Snow Roof loading
Total Defl.(in)		0.492	0.633	Passed(L/309)	MID Span 1 under Snow Roof loading

- Deflection Criteria: STANDARD(LL:L/360, TL:L/240).

ADDITIONAL NOTES:

- IMPORTANT! The analysis presented is output from software developed by Trus Joist MacMillan(TJM). TJM warrants the sizing of its products by this software will be accomplished in accordance with TJM product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJM Associate.

- Not all products are readily available. Check with your supplier or TJM technical representative for product availability.
- THIS ANALYSIS FOR TRUS JOIST MacMILLAN PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
- Allowable Stress Design methodology was used for Building Code BOCA analyzing the TJM Distribution product listed above.
- Bracing(i.u): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

PROJECT INFORMATION

No Project Information available

OPERATOR INFORMATION:

Woodhaven Lumber
1303 Richmond Ave
Pt. Pleasant Beach, NJ 08742
732-295-8800
FAX 732-295-4935

Lisa Nemeroff by Pauline Schas

KEVIN REYNOLDS

Re: 40 Halsey Drive, Brick, NJ 07723

First Floor:
Front Entry Area:
Replace front door; Paint

Dining Room:
Paint

Kitchen and Pantry Closet:
Remove Z-Brick from stair wall and sheetrock; Replace stairs to second floor and pantry closet door; Paint.

Living Room and Hall:
Remove interior sliding glass door, 1/4" plywood paneling and knotty pine from walls; Insulate 4" outside walls with maximum R value insulation; Sound insulate inside walls; Install wall between living room and enlarged master bedroom; Replace rear door; Sheetrock and paint.

Master Bedroom:
Incorporate enclosed porch into bedroom by removing wall and installing lam; Replace bedroom door; Change swing of closet door; Break through rear of closet into adjoining bedroom. Sheetrock and paint.

Second Bedroom on First floor:
Convert bedroom and closet into master bath (whirlpool tub, sink and W.C.) and walk-in closet. Remove hall entry door; Relocate and sheetrock closet wall and door; Install whirlpool and privacy kneewall; Install wall for ventpipe behind sink; Durock and tile walls around tub; Tile floor. Paint walls.

Bathroom:
Remove Z-Brick, Masonite, and other wall coverings; Durock tub area, sheetrock, and tile walls; Paint.

Second Floor:
Bathroom:
Remove Masonite from bathroom walls; Repair tile and sheetrock; Paint or wallpaper. Install tile bullnose baseboard.

Utility Room:
Remove and replace floor tile, install new underlayment; Repairs walls and ceiling; Paint.

Bedrooms, Hall and Staircase:
Paint.

Throughout house replace 15 double hung windows with vinyl replacement windows; Remove old wall to wall carpeting and replace with new.

Exterior:
Repair slate steps at front entry; Repair exterior siding as needed, including replacement of missing siding, soffits, trim etc. Prepare house for painting, powerwash, if needed, and paint.

BRICK TOWNSHIP

Plan Review Class Date

Zoning

Plumbing

Building 4/16/98

Fire

Energy

Electrical

As Per 1996

SIZING FOR WATER AND SEWER SERVICES

Property Owner Nemeroff Date 4-20-98

Property Address 40 Halsey Dr Block 253.15 Lot 6

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1: Water Closet		( )	( )
2. Lavatory		( )	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen ~~Sink~~ Group	1	( ) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine	1	( ) 4	( )
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. Bathroom Groups	3	( ) 9	( )
18. Hose bibbs	1	( ) 2.5	( )

Total 17.5

Gallons per minute 13

Size of Service 3/4

Date: 4-20-98

Approved: _____
Brick Township Plumbing Inspector

PLUMBING VARIATION/WATER SIZING

TOWNSHIP OF BRICK

APPLICATION FOR A VARIATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____

DATE ISSUED _____

Block _____ Lot _____

Subdivision _____

IDENTIFICATION

OWNER:

Name Lisa Nemeroff by

Address Pauline Gikas

Town/State/Zip PO Box 79

Farmingdale, NJ 07727

CONSTRUCTION LOCATION:

Name Lisa Nemeroff

Address 40 Halsey Drive

Town/State/Zip Brick, NJ

08723

FEE

FEE: $ _____

(Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).:

I AM REQUESTING A VARIATION FROM NSPC/93 TABLE 10.14.ZA WATER SUPPLY FIXTURE UNITS FOR THE PURPOSE OF SIZING WATER LINES.

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these Difficulties.: NSPC/93 IS AN OUTDATED METHOD OF SIZING LINES REQUIRING LARGER PIPE SIZING THAN NSPC/96. NSPC/96 IS MORE TECHNICALLY CORRECT THAN NSPC/93.

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.: I PROPOSE THE USE OF NSPC/96 FOR SIZING OF WATER LINES AS PER RECOMMENDATION OF DCA. THE USE OF THIS CODE DOES NOT THREATEN HEALTH, SAFETY, OR THE WELFARE OF THE OCCUPANTS. I AGREE TO CHANGE ALL EXISTING WATER CLOSETS IN THE STRUCTURE TO MEET THE LOW WATER CONSUMPTION REQUIREMENTS OF NSPC/96 7.4.2.(1.6 gallon).

DATE: 4/17/98 SIGNED: Lisa Nemeroff By Pauline A Gikas POA

APPLICANT

DETERMINATION

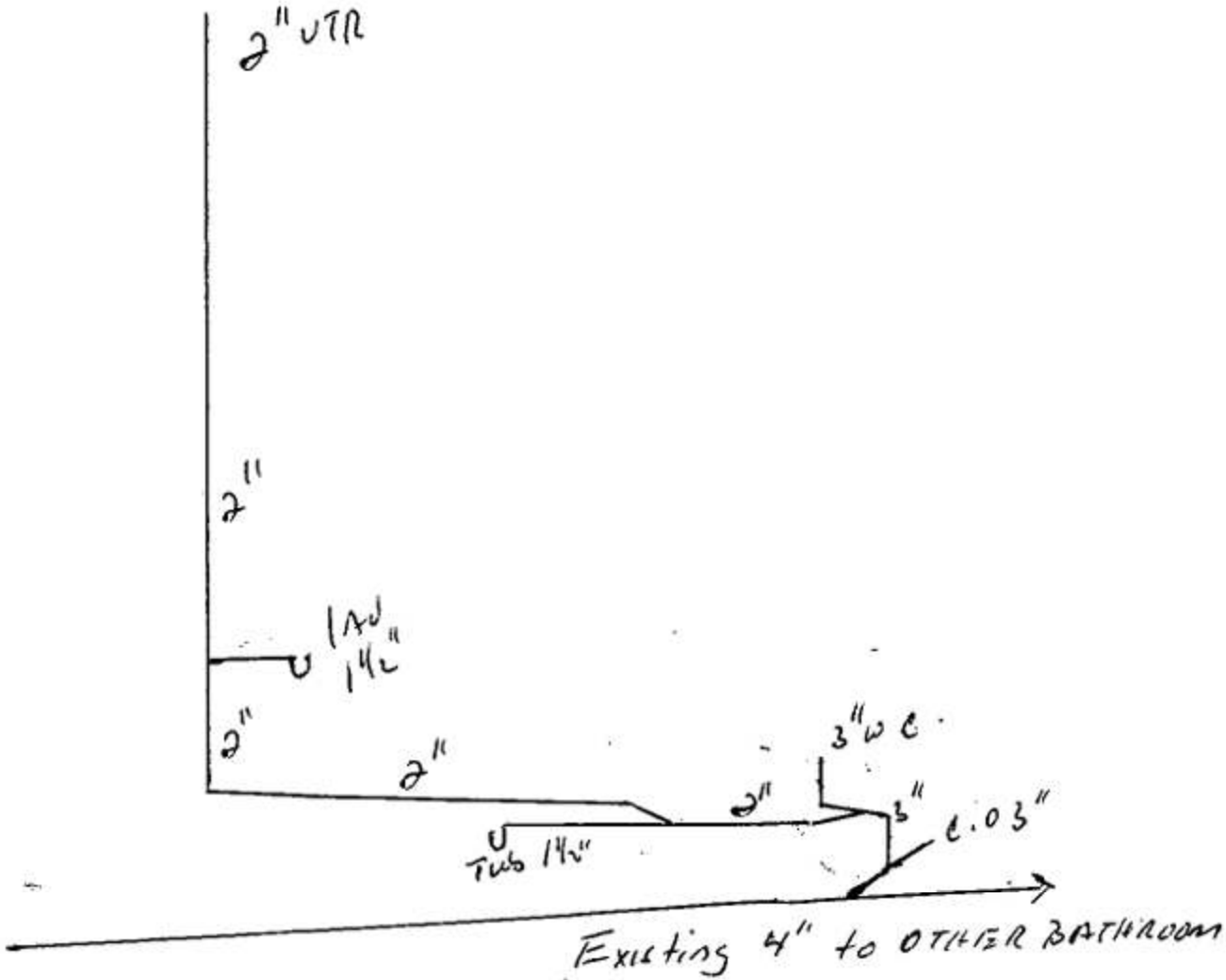
This application is to be reviewed within 20 business days

I have reviewed the facts and recommended DENIAL ☐ APPROVAL ☐ of the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

Date: 4-20-98

Inspector ~~SUBCODE~~ OFFICIAL

~~SUBCODE~~ CONSTRUCTION OFFICIAL



40 Halsey Drive

BRICK TOWN...

Plan Review Class ... 92

Zoning _____

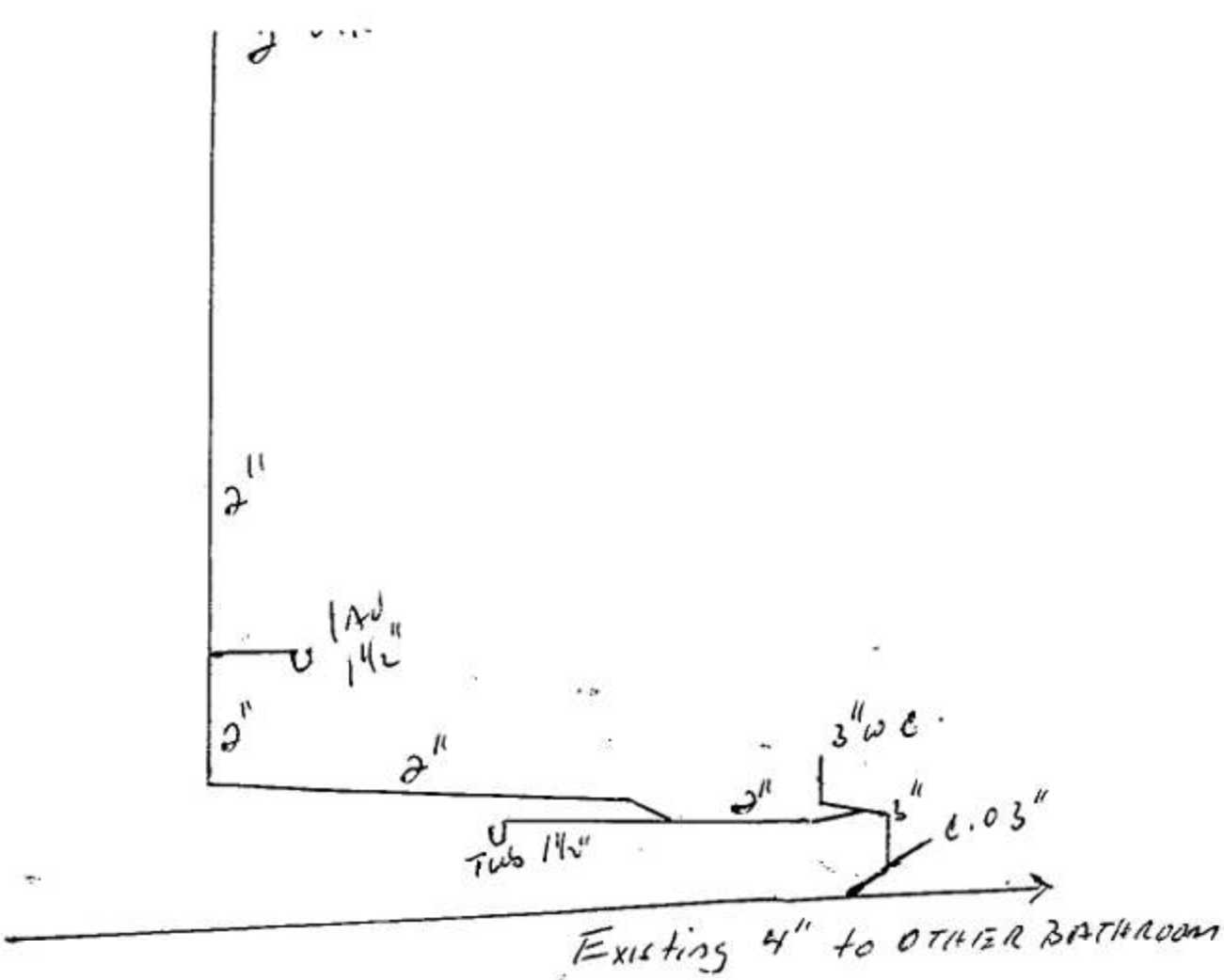
Plumbing _____

Building _____

Fire _____

Energy _____

Electrical _____



HOHAC SEY DRIVE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/04/99
Control #
Permit # 98-1055

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 40 HALSEY DR — Block 253.15 — Lot 6

Owner in Fee NEMEROFF, LISA
Address

Agent/Contractor LISA NEMEROFF
Address 919 N. MICHIGAN AVE.
CHICAGO, IL 60611

Paid 1-8-99 $100 as per Murad

ACTION

Date of Notice 01/04/99 — Compliance Due Date 01/08/98 — Date of Inspection / /

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
NJAC 5:23-2.16 PROCEDURE ,FAILURE TO OBTAIN PERMIT & INSPECTION FOR ELECTRICAL WORK APPLIED FOR 10/07/98

You are hereby ordered to terminate the said violations on or before 01/08/98. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 500 for each violation for a total penalty of $ 500. Each week that any of the said violations remain outstanding after 01/08/98 shall result in an additional penalty of $ 0 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN CTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: JOE CURIAZZA, CONSTRUCTION OFFICIAL 262-1030.
NOTICE OF VIOLATION AND ORDER TO TERMINATE: Marcel Kerson — sco DATE: 1-5-99
NOTICE AND ORDER OF PENALTY: — co DATE:

U.C.C. F210 (rev. 3/96)

53.15 LOT 6 SITE LOCATION 40 Halsey Drive

BUILDING INSPECTION

Demeroff & Pauline Gikas BK
39 Phon[redacted]
Dale State NJ Zip 07727
FEDERAL EMP. NO.(or SSN#) [redacted]

ESTIMATED COST OF BUILDING WORK

) $ ALTERATION (2) $ 20,000
) $ TOTAL (1+2+3) $ 20,000

BUILDING CHARACTERISTICS

LE FAMILY DWELLING

	PRESENT	PROPOSED
CLASS	PRESENT	PROPOSED
2 HT. OF STRUCTURE	20	FT.
T FLOOR	1650 *	SQ. FT.
EA: ALL FLOORS	2790 *	SQ. FT.
UCTURE	22320	CU. FT.
EA DISTURBED	0	SQ. FT.

7325F TYPE OF WORK

COST	MISC.	COST
	FENCE Ht.	
	SIGN Sq. Ft.	
20,000	POOL	
	ASBESTOS ABATEMENT	
	DCA	
	TOTAL	20,000

DESCRIPTION OF WORK

See attached description of
and 3.5×14" 2.06 Paraflan info

CERTIFICATION IN LIEU OF OATH

FY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM
MAKE THIS APPLICATION AND PERFORM THE WORK LISTED
ATION.

[signature]

PLUMBING INSPECTION

Contractor Richard Charlotta
Address 47 Buckingham Dr. Phone ( ) 255-4353
Town Toms River State NJ Zip 08753
LIC # 4953 FEDERAL EMP. NO. (or SSN#) [redacted]

ESTIMATED COST OF PLUMBING WORK: $ 1200 est

Sewer Size 4" Water Size 3/4"

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
1	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
1	Bath Tub		Sewer Pump
1	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C or Refrigeration Unit
	Dishwasher		
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

DESCRIPTION OF WORK

COMMENTS Install 6 pcs
3 piece bath
Water Closet Lav + Tub
with 2" vent thru roof

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.
SEAL &
SIGNATURE (Contractor's Seal) [signature]

FIRE INSPE

Contract Bal Demeroff by Pauli
Address PO Box 39
Town Farmingdale S
LIC # FEDERAL EMP

ESTIMATED COST OF FIRE PROT. WORK:
Heating Type: X Gas ☐ Oil ☐ Electrica
Heating System: ☐ New X Existing
Location of Furnace / Boiler 2nd floor att

TECHNICAL SITE DATA (D

WATER SUPPLY SOURCE
METHOD OF VALVE SUPERVISION
LOCAL ALARM SUPERVISION
CENTRAL SUPERVISION
PROPRIETARY SUPERVISION

Flammable Liquid Storage Tanks		☐ Cap
Combustible Liquid Storage Tanks		☐ Cap
L.P.G. Storage Tanks		☐ Cap
L.N.G. Storage Tanks		☐ Cap

NO.	ITEM	NO.
	Wet Sprinkler Heads	
	Dry Sprinkler Heads	
	TOTAL	
6	Smoke Detectors ✓	[redacted]
	Heat Detectors	
	TOTAL	
	Stand Pipes	
	Kitchen Hood Exhaust System	

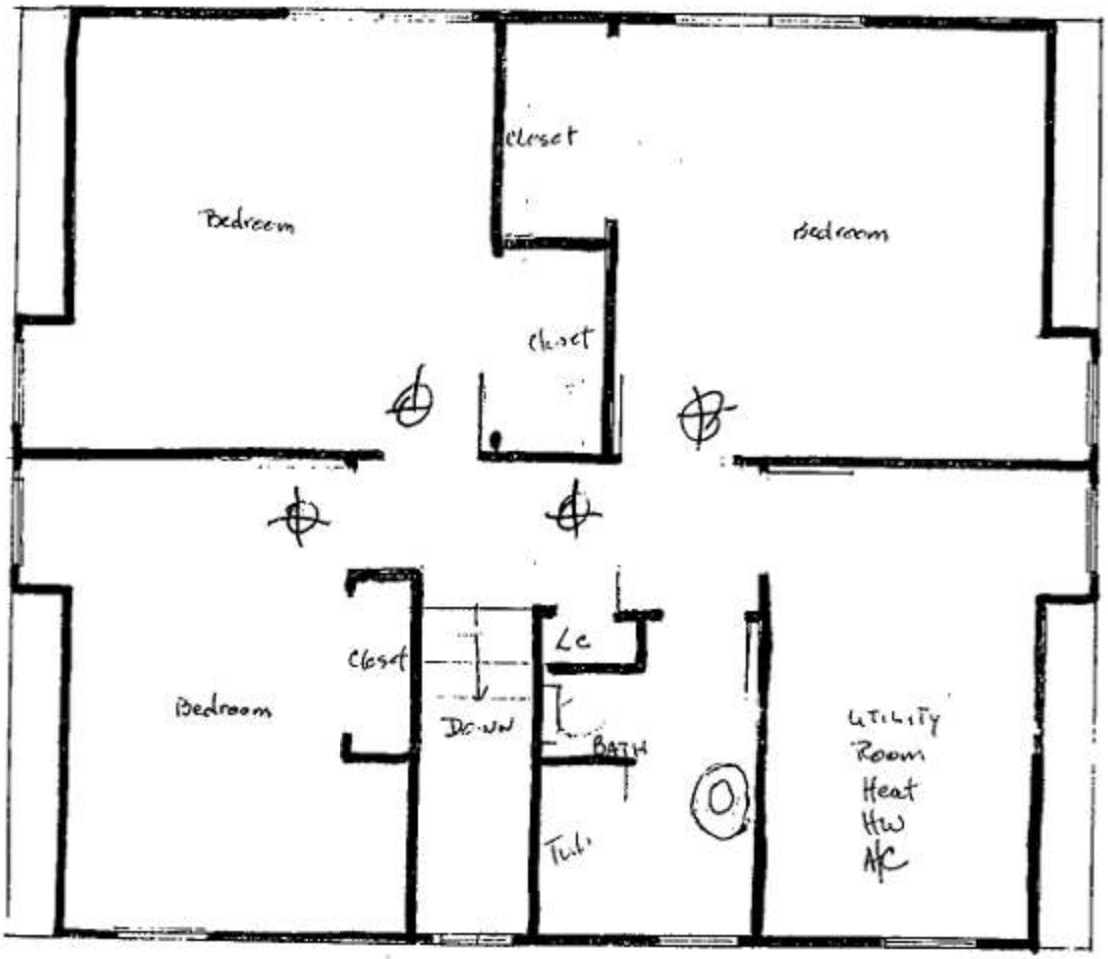
** included in alteration

DESCRIPTION OF

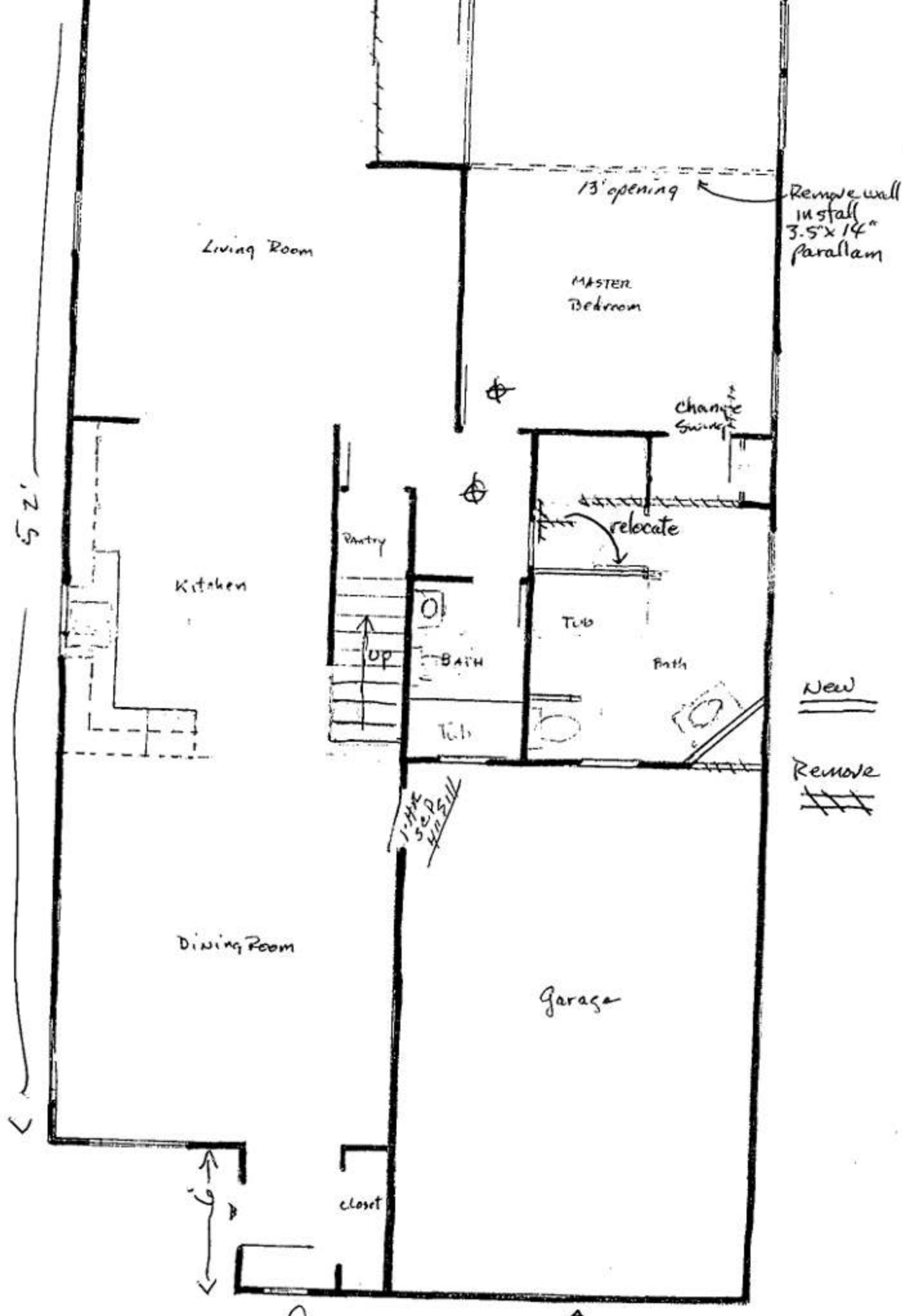
COMMENTS Installed 6 pcs de
hardwired. One in ea
plus one on each flo
up fl.

CERTIFICATION IN LI

I HEREBY CERTIFY THAT I AM THE (AGENT
AUTHORIZED TO MAKE THIS APPLICATION
ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal)



40 Halsey Dr
Lisa Nemeroff by Laura Silva


13' opening
Remove wall
Install
3.5"x 14"
Parallam
Living Room
MASTER
Bedroom
Change
Swing
relocate
Pantry
Kitchen
UP
BATH
TUB
Bath
New
Remove
Dining Room
Garage
closet
A
Hathaway Dr