BLOCK 434 LOT 338 ADDRESS (SITE) 170 CHERRY QUAY RD PERMIT NO. 2982-94

RECEIVED
OCT 11 1994
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 170 CHERRY QUAY RD
2. Name of Owner in Fee: THOMAS W. KELLY JR Tel [redacted]
   Address 170 CHERRY QUAY RD (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: OWNER Te [redacted]
   Address SAME
   License No OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work OWNER T [redacted]

Elec to go

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 30 —		
2. Electrical			
3. Plumbing	47.—		
4. Fire Protection	33 —		
5. Other			
6. Subtotal	$ 110 —		
Less 20% for State Plan Review	11 —		
8. Subtotal	$		
9. DCA Training Fee	2 —		
10. Subtotal	$		
11. Cert. of Occupancy	20 —		
	$ 143 —		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 14 ft.	
3. Area—Largest Floor 198 sq. ft.	
4. Building Area—All Floors 1,046 sq. ft.	
5. Volume of Structure 8,364 cu. ft.	
6. Construction Classification —	
7. Total Land Area Disturbed None sq. ft.	
8. Flood Hazard Zone —	
9. Base Flood Elevation — ft.	
10. Wetlands yes — sq. ft.	
no —	
11. Fire Grading —	
12. Max. Live Load —	
13. Max. Occupancy Load —	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3 ☐ New Building	2000
4. ☐ Addition	
5 ☑ Alteration	
6 ☐ Fire Protection	
7 ☑ Plumbing	1000
8. ☐ Electrical	
9 ☐ Asbestos Abatement	
10 ☐ Demolition	
TOTAL COSTS	$ 3,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
JJ			10/14/94	RLC	✓	11/25/94	JJ
			10/13/94	CJC	11/25/94	12/6/94	JJ

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 1
After Construction 1
Net gain or loss 0

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10206521

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.

X Signature Thomas Kelly Date 10/11/94

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (___) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

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

COMMENTS

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10/18/94
Control #
Permit # 2982-94

IDENTIFICATION Block 4134 Lot 2-38

Work Site Location 173 ... Contractor Same

Address

Owner in Fee ...

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No. 2982##

or Social Security No. BLOCK 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Alteration w/ Elec to Gas

PAYMENTS (Office Use Only)			
		434 # / LOT	0.00
Building	30	338 # / BUILDING	30.00
Plumbing	47	PLUMBING	47.00
Electrical		FIRE	33.00
Fire Protection	33	PLAN RVW	11.00
Other	11	D.C.A.	2.00
Other		C/O	20.00
DCA Training Fee	2	TOTAL	143.00
Cert. of Occ.	20	CHECK	143.00
Other		CHANGE	0.00
Total	143		
Check No.	# 3139		
Cash		10/18/94 NO. 3 0002H000	09:52
Collected By:			

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

Estimated Cost of Work $ 3,000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/18/94
Date Issued
Control #
Permit # 2982-94

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

Block 338 Lot 434
Work Site Location 170 CHERRY QUAY Rd BRICK
Owner in Fee
Address
Tele. [redacted]
Contractor OWNER
Address SAME
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Req.
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10/19/94
Approved By: J Chmela

INSPECTIONS	Date Initial	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:					
Footing	10/19/94				
Foundation					
Slab					
Frame					
Insulation					
Finishes:					
Energy					
Mechanical					
TCO					
Other					
Final					

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ✓
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 14 Ft.
Area—Largest Floor 198 Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 800.00
3. Total (1+2) $ ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature Thomas Kelly

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVAL OF 3 PARTITION WALLS TO ENLARGE TO ONE LARGE ROOM +NEW SHEET ROCK

NO BEAM RK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ____
[ ] Other ____
[ ] Demolition

(Office Use Only) FEE

$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/5/94
Control #
Permit # 2982-94

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

Block 338 Lot 434
Work Site Location 170 Cherry Quay Rd Brick
Owner in Fee
Address
Tele. [redacted]
Contractor OWNER
Address SAME
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	10/5/94	RC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ✓
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 14 Ft.
Area—Largest Floor 198 Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 8000.00
3. Total (1+2) $ ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REMOVAL OF 3 PARTITION WALLS TO ENLARGE TO ONE LARGE ROOM + NEW SHEET ROCK

NO PLAN REVIEW RC

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence ____ Height (6' or over)
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other ____
  [ ] Other ____
[ ] Demolition

(Office Use Only) FEE

$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-110B
1 White = Inspector Copy
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3 Pink = Office Copy
4 Gold = Applicant Copy

SUBCODE
TECHNICAL SECTION

Date Issued
Control #
Permit # 2982-94

Elec + Gas

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

Block 338 Lot 434
Work Site Location 170 CHERRY QUAY RD

Owner in Fee THOMAS W. KELLY
Address SAME

Tele. ( )
Contractor OWNER
Address

Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 10-17-94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

approval for furnace only

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
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.

Thomas Kelly
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 Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		33
OTHER furnace		

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

U.C.C. Form F-140B

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

light needed service side switch by stairs

~~outlet needed~~

OK 1/26/95

Note other work being do this location inspection for elect to gas conversion only c/a furnace

1/26/95

338

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/18/94
Date Issued
Control #
Permit # 2982-94

Elec to Gas

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

Block 338 385 Lot 434
Work Site Location 170 Cherry Quay Rd Beach
Owner in Fee $ 800.00
Address SAME
Tele [redacted]
Contractor owner
Address SAME
Tele. (____)
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 2000,00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/13/94
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 1/25/95

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			1/19/95	DA
Gas Piping				
Solar				
TCO				
CA	1/19/95			

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.

Thomas Kelly
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	7
	Fuel Oil Piping	
1	Gas Piping	15
	Steam Boiler	
	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other furnace	10

Administrative Surcharge $ 47-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

EXTRA AC #25

U.C.C. Form F-130B

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

1. Relief line must indirect
2. Drip tee on Furnace needed
3. Valve For HWH
4. condensate line must be run

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/18/94
Date Issued
Control #
Permit # 2952-94

Elec to Gas

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

Block 395 Lot 434
Work Site Location 170 Cherry Quay Rd Brick
Owner in Fee $ 8000.00
Address same
[redacted]
Tele. ( ) owner
Contractor same
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/18/94
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 Equipment				
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.

Thomas Kelly
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	7
	Fuel Oil Piping	
1	Gas Piping	15
	Steam Boiler	
	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other furnace	10

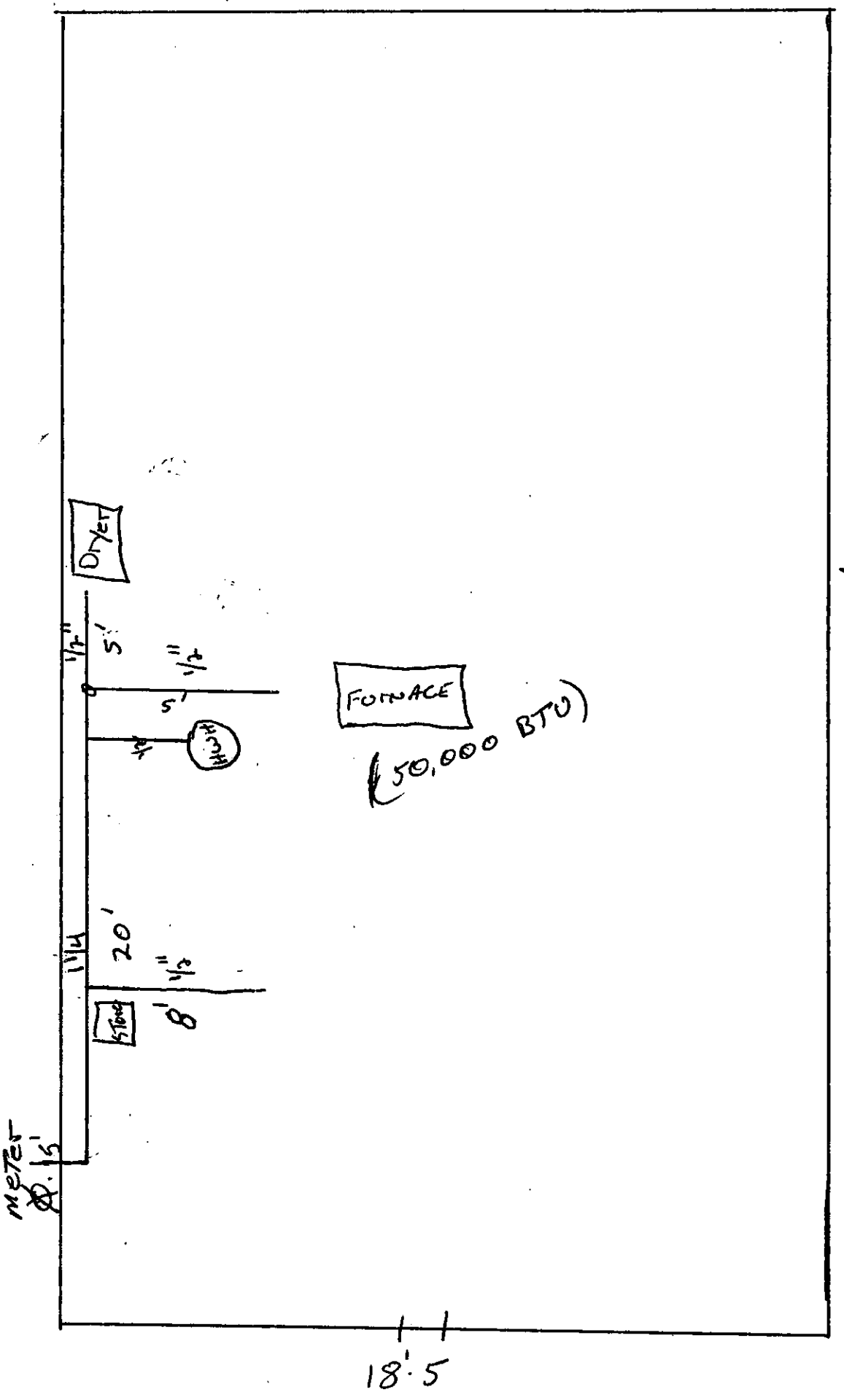
Administrative Surcharge $ 47-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Gas Pipe

170 Cherry Quay Brick.

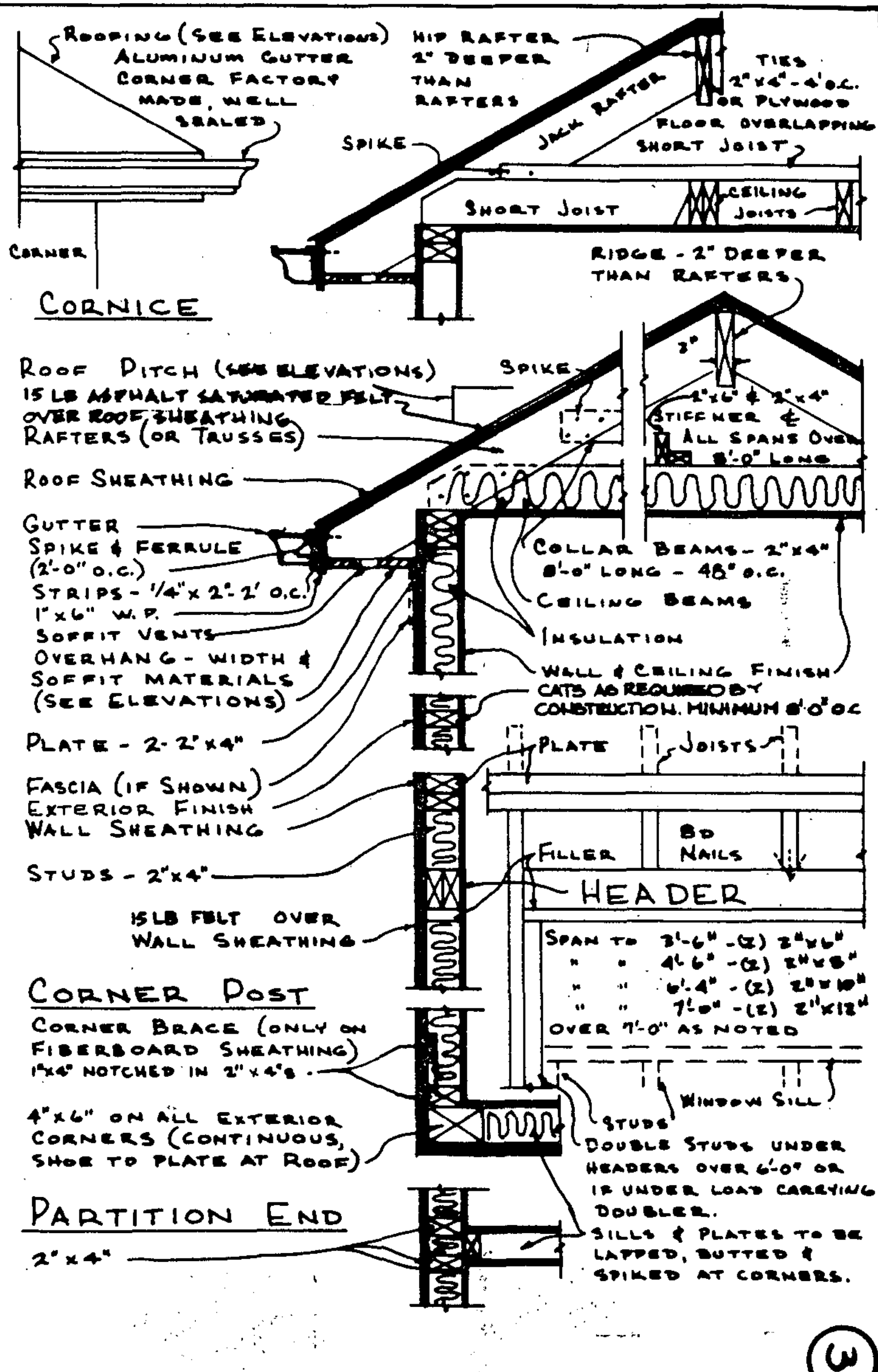
THOMAS W. KELLY BLK 434 LOT 338



TROCANO 596 PRINSTON AVE BRICK NS

EXTERIOR WALL & ROOF DETAILS

WASHINGTON ARCHITECTURAL GROUP, P.A.
MT. KEMBLE AVENUE, MORRISTOWN, N.J.
DAVID C. WASHINGTON, ARCHITECT
WAYNE A. KOCH, ARCHITECT
RICHARD E. JAHO JR., ARCHITECT


ROOFING (SEE ELEVATIONS)
ALUMINUM GUTTER CORNER FACTORY MADE, WELL SEALED
CORNER
CORNICE
HIP RAFTER 2" DEEPER THAN RAFTERS
JACK RAFTER
TIES 2"x4" - 4' O.C. OR PLYWOOD FLOOR OVERLAPPING SHORT JOIST
SPIKE
SHORT JOIST
CEILING JOISTS
RIDGE - 2" DEEPER THAN RAFTERS
ROOF PITCH (SEE ELEVATIONS)
15 LB ASPHALT SATURATED FELT OVER ROOF SHEATHING
RAFTERS (OR TRUSSES)
ROOF SHEATHING
SPIKE
2"x6" & 2"x4" STIFFENER & ALL SPANS OVER 8'-0" LONG
GUTTER
SPIKE & FERRULE (2'-0" O.C.)
STRIPS - 1/4" x 2" - 2' O.C.
1"x6" W.P.
SOFFIT VENTS
OVERHANG - WIDTH & SOFFIT MATERIALS (SEE ELEVATIONS)
COLLAR BEAMS - 2"x4" 8'-0" LONG - 48" O.C.
CEILING BEAMS
INSULATION
WALL & CEILING FINISH
CATS AS REQUIRED BY CONSTRUCTION. MINIMUM 8'0" O.C.
PLATE - 2-2"x4"
FASCIA (IF SHOWN)
EXTERIOR FINISH
WALL SHEATHING
STUDS - 2"x4"
15 LB FELT OVER WALL SHEATHING
PLATE
JOISTS
8D NAILS
FILLER
HEADER
SPAN TO 3'-6" - (2) 2"x6"
" " 4'-6" - (2) 2"x8"
" " 6'-4" - (2) 2"x10"
" " 7'-0" - (2) 2"x12"
OVER 7'-0" AS NOTED
WINDOW SILL
CORNER POST
CORNER BRACE (ONLY ON FIBERBOARD SHEATHING) 1"x4" NOTCHED IN 2"x4"s
4"x6" ON ALL EXTERIOR CORNERS (CONTINUOUS, SHOE TO PLATE AT ROOF)
STUDS
DOUBLE STUDS UNDER HEADERS OVER 6'-0" OR IF UNDER LOAD CARRYING DOUBLER.
SILLS & PLATES TO BE LAPPED, BUTTED & SPIKED AT CORNERS.
PARTITION END
2"x4"

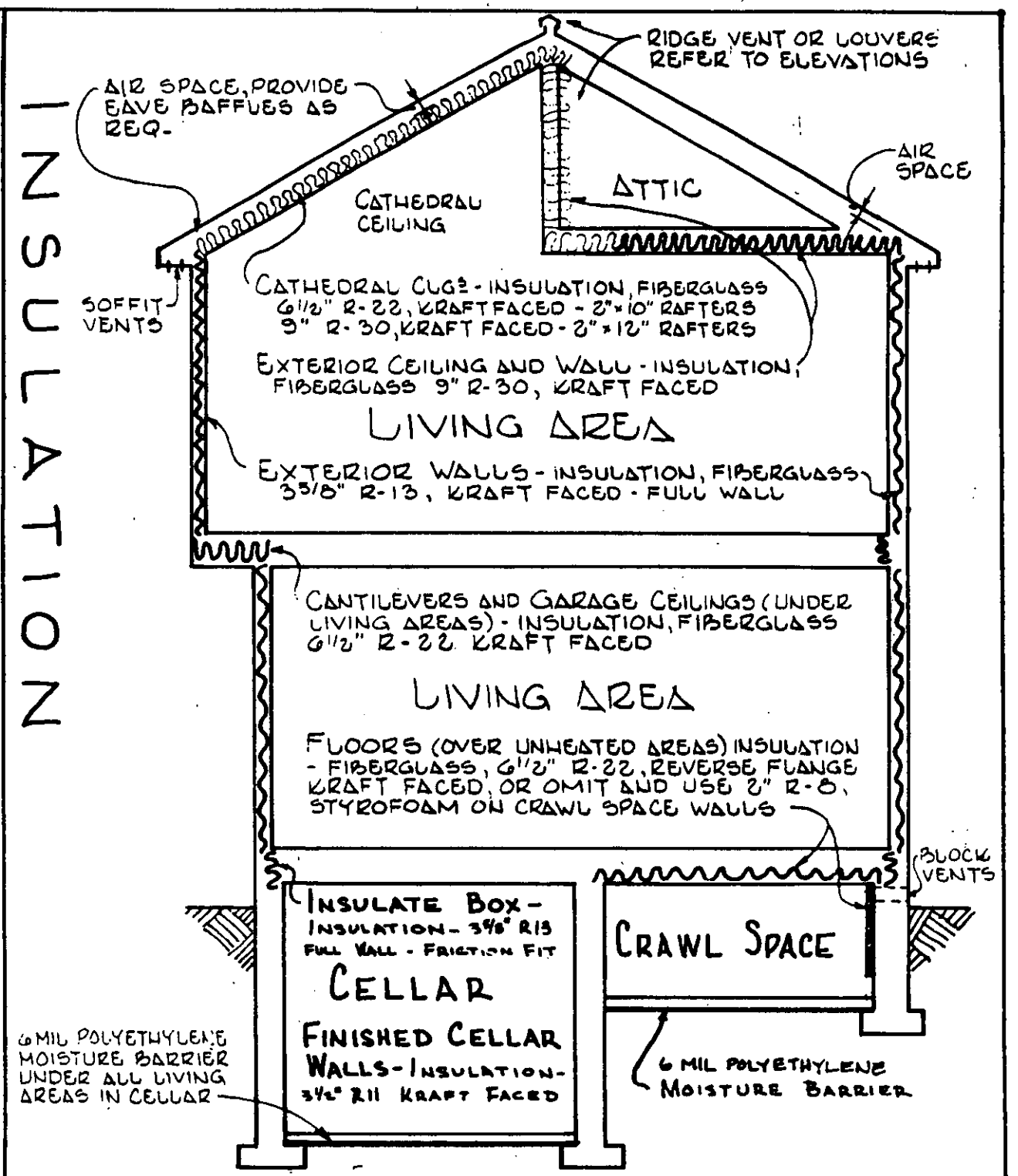
SCALE - 3/4" = 1'-0"

I (3)

REV. 2-8-77 BOCA
REV. 1-81

DETAILS

INSULATION



SLAB FLOOR - SEE DETAIL 11

INSULATION SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS.

NO SCALE

22A

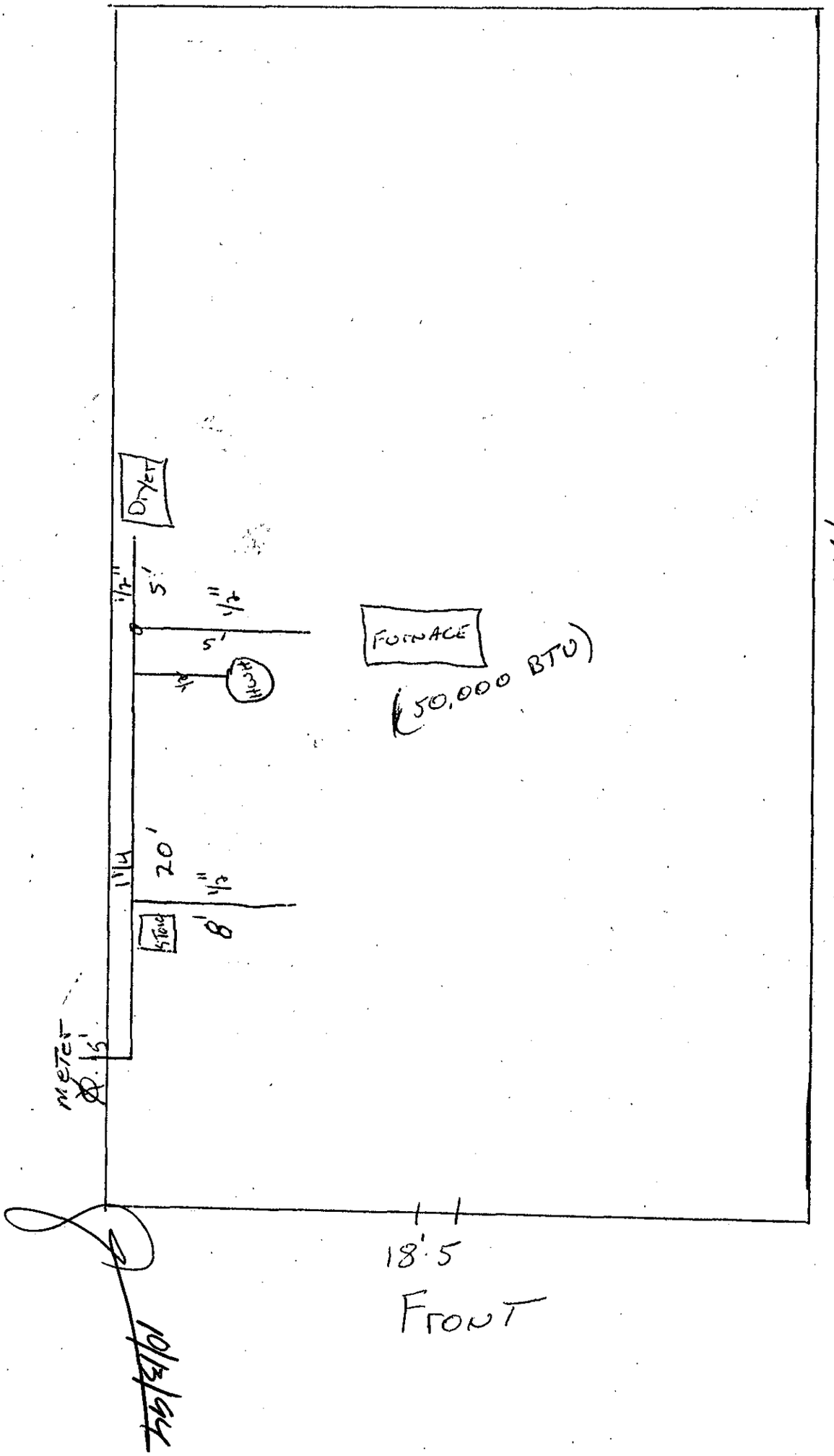
WASHINGTON ARCHITECTURAL GROUP, P.A.
MT. KEMBLE AVENUE, MORRISTOWN, N.J. 07960 201-538-1722
DAVID C. WASHINGTON, ARCHITECT CERT. NO. 08921
WAYNE A. ROCK, ARCHITECT CERT. NO. 08880
RICHARD E. JARVIS JR., ARCHITECT CERT. NO. 08486

REV. 6-16-86 REV. 1-81

Gas Mfg

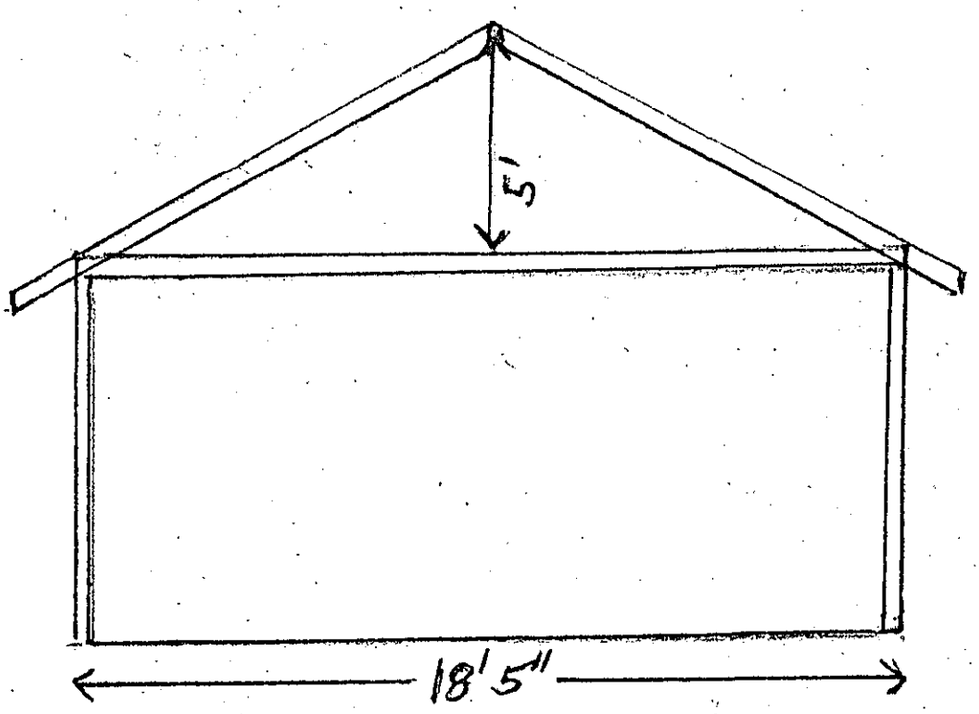
THOMAS W. KELLY BLK 434 LOT 338

170 CHERRY ALLEY BRICK.



THOMAS W. KELLY 170 CHERRY QUAY RD.

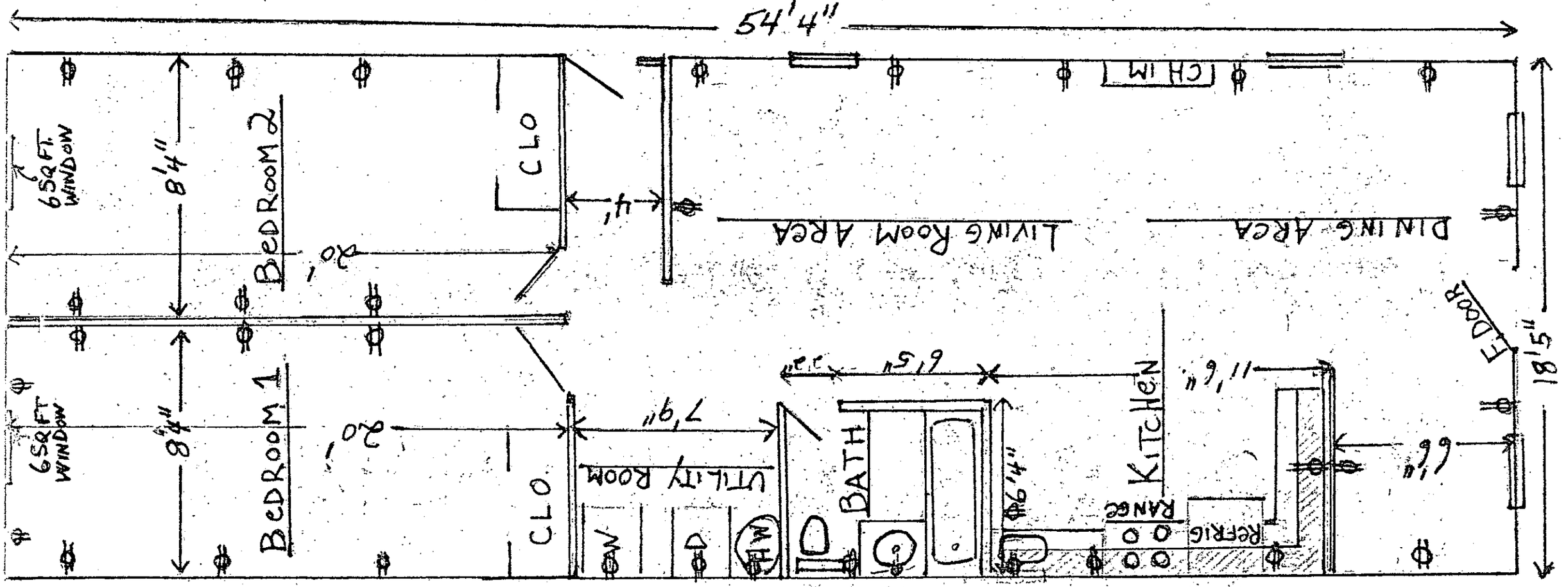
BLOCK 434 LOT 338



EXTERIOR EXISTING ROOF AND SIDE WALLS WILL NOT CHANGE AND ARE IN CONFORMANCE TO CODE THE ALTERATION WILL CONSIST OF REMOVAL OF 3 PARTITION WALLS TO ENLARGE ROOM

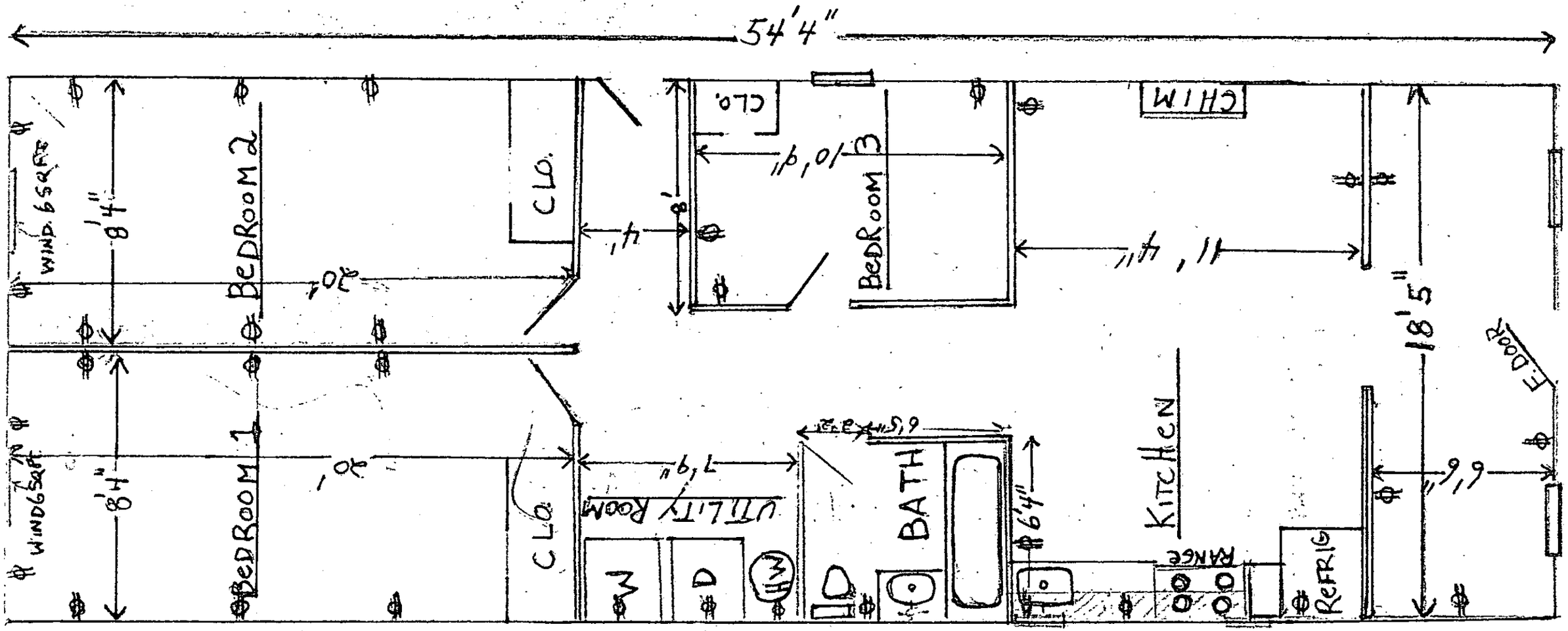
THOMAS W. KELLY 170 CHERRY QUAY RD BLOCK 434 LOT 338

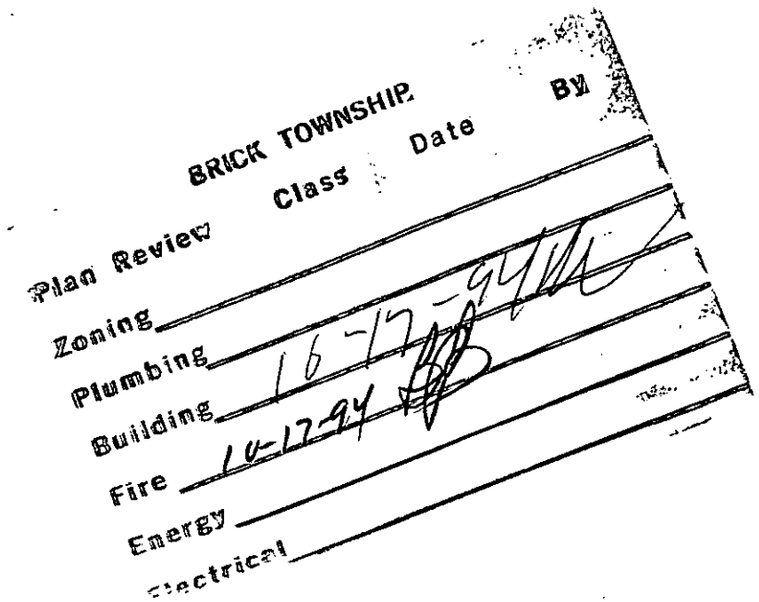
PROPOSED ALTERATION



THOMAS W Kelly 170 CHERRY QUAY RD BLOCK 434 LOT 338

EXISTING FLOOR LAYOUT




BRICK TOWNSHIP
Class
Date
By
Plan Review
Zoning
Plumbing
Building 6-17-94
Fire 6-17-94
Energy
Electrical