BLOCK 1429.02 LOT 20 (127) BP 35 ADDRESS (SITE) Brichtown Village Evergreen Woods Cedar PERMIT NO. 1897-93

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 127 Camille Ct.
2. Name of Owner in Fee: Brichtown Village Tel. (908) 493-2330
   Address 816 Deal Rd. (street) Ocean (municipality) N.J. 07712 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor Brichtown Village Inc. Tel. (____) _____
   Address 816 Deal Rd. Ocean NJ 07712
   License No. OR, if new home, Builder Reg. No. 31006486 Exp. Date 7/31/93
   TAX I.D. 22-1969648
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer Raymond R. Wells Tel. (201) 261-2355
   Address 699 Kinderkamack Rd. P.O. 517 Oradell, NJ 07649
6. Responsible Person In Charge of Work Gilbert C. Feld Tel. (908) 493-2330 Brich 458-4032

Eng on Site
How CC

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	40,000.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WP	5/13/93		8/11/93	JC	5/16/94		JC
			8/11/93	JC	5/6/94		JC
			8/12/93	JC	4/29/94		JC
					5/9/94		BK
Eng		6/10/94	6/13/94	LDS			

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 230 -		
2. Electrical			
3. Plumbing	110 -		
4. Fire Protection	145		
5. Other			
6. Subtotal	$ 485 -		
7. Less 20% for State Plan Review	49 -		
8. Subtotal	$		
9. DCA Training Fee	41 -		
10. Subtotal	$		
11. Cert. of Occupancy	73 -		
12. Other			
13. TOTAL	$ 648 -		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 25 ft.	
3. Area—Largest Floor 512 sq. ft.	
4. Building Area—All Floors 1024 sq. ft.	
5. Volume of Structure 25,600 cu. ft.	
6. Construction Classification R3	
7. Total Land Area Disturbed 512 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	

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 10316557

20K ~~20K~~

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

I hereby certify the following as required by the 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 Albert C. Eble.

Address 816 Deal Rd. Ocean N.J. 07712

Telephone (908) 493-2330 Brick 458-4032

Signature Albert C. Eble Date 5/11/93

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	COMMENTS
☑ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ ~~Other Zoning~~	~~SK~~	~~8/11/93~~	~~Condo~~						
☑ Zoning	SK	8/11/93	Condo						
☑ A.H.B.T	Exempt	8/16/93	Ltr						

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. 1897	5-17-94	
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 5-17-94
Control #
Permit # 1897-93

IDENTIFICATION

Block 1429.02 Lot 2C0127
Work Site Location 127 Camille Court

Owner in Fee Bricktown Village Inc.
Address 816 Deal Road
Ocean, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 867674
Use Group R-3 1 hour
Maximum Live Load 40+
Description of Work/Use:

Condominium unit

Type of Warranty Plan: [ ] **State** [X] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

XXX☐ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

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

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cicero w/s
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

ORIGINAL ILLEGIBLE

CONSTRUCTION PERMIT

Date Issued 8/17/93
Control #
Permit # 1897-93

IDENTIFICATION Block 1429.2 Lot 2

Work Site Location 127 Cam... Ct

Owner in Fee B... V...

Address 311 ... Rd.

Tele. ( ) 492-2332

Contractor SAME

Address

Tele. ( )

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

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[~] BUILDING [~] PLUMBING [ ] OTHER

[ ] ELECTRICAL [~] FIRE PROTECTION

DESCRIPTION OF WORK:

Dwelling

1034

25600

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 $ 41,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	23[illegible]
Plumbing	11[illegible]
Electrical	
Fire Protection	1[illegible]
Other	PIR 4[illegible]
Other	
DCA Training Fee	5
Cert. of Occ.	75
Other	
Total	640
Check No.	12036
Cash	
Collected By:	[illegible]

0008	
BLOCK	0.00
1429.2 #	
LOT	0.00
2 #	
BUILDING	230.00
PLUMBING	110.00
FIRE	1[illegible]5.00
PLAN RVW	[illegible]9.00
D.C.A.	[illegible]1.00
C / O	[illegible]3.00
TOTAL	6[illegible]8.00
CHECK	6[illegible]8.00
CHANGE	0.00
08/17/93 NO.45 / 0025A005	[illegible]2:07

U.C.C. Form F-170A

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

Bld 35

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/17/93
Date Issued
Control #
Permit # 1897-93

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

Block 1429.2 Lot VCO 127
Work Site Location 127 Carville Ct. Bricktown N.J.
Owner in Fee Bricktown Village Inc.
Address 616 Deal Rd. Ocean N.J. 07712
Tele. (908) 493-2330 Brick 458-4033
Contractor Same as above
Address " " "
" " "
Tele. (____) " " "
Lic. No. or Bldrs. Reg. No. 31006486
Federal Emp. No. _____ or Social Security No. _____
TAX ID. 22-1969648

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[D] All — 8/11/93 JC
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[D] CO [ ] CCO [ ] CA
Date: 8-16-93
Approved By: J. Church

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			8/20/93	JC
Foundation				
Slab				
Frame			9/16/93	JC
Insulation			9/18/93	JC
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		R3A
Constr. Class		R3A
No. of Stories		2
Height of Structure		25 Ft.
Area—Largest Floor		512 Sq. Ft.
Total Bldg. Area/All Floors		1024 Sq. Ft.
Volume of Structure		25,600 Cu. Ft.
Total Land Area Disturbed		512 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 39,000
2. Alteration $ _____
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.

Albert C Ellis
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Building (Single Family)

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE $ _____

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/17/93
Date Issued
Control #
Permit # 1897-93

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

Block 1429.2 Lot C0127
Work Site Location 127 Carnille Ct. Bricktown N.J.
Owner in Fee Bricktown Village Inc.
Address 816 Deal Rd. Ocean N.J. 07712
Tele. (908) 493-2330 Brick 458-4033
Contractor Same as above
Address " " "
" " "
Tele. ( ) " " "
Lic. No. or Bldrs. Reg. No. 13006486
Federal Emp. No. _____ or Social Security No. _____
Tax I.D. 22-1969648

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[D] All	8/11/93	
[ ] 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 R3A
Constr. Class Present _____ Proposed R3A
No. of Stories _____ 2
Height of Structure _____ 25 Ft.
Area—Largest Floor _____ 512 Sq. Ft.
Total Bldg. Area/All Floors _____ 1024 Sq. Ft.
Volume of Structure _____ 25,600 Cu. Ft.
Total Land Area Disturbed _____ 512 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 39,000
2. Alteration $ _____
3. Total (1+2) $ _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Building (Single Family)

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

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

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

Cedar.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JUN 4 93 0 0 6 8 9 0

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

Block 1429.2 Lot CP129
Work Site Location 129 Camille Ct Brick Town M.L.
Owner in Fee Brick Town Village Inc.
Address 816 Deal Rd Ocean M.L. 07712
Tele. (908) 458-4032 MAIN OFF 908-493-2330
Contractor MERCURY ELEC
Address 304 GARFIELD AVE OAKHURST
Tele. (908) 531 0473
Lic. No. 192
Federal Emp. No. 22-2337-303 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Dwelling Utility Co. JCP&L
Est. Cost of Elec. Work $ 2000

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
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.

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
35		Receptacles (2)	
10		Switches (3)	
55		Total 1 · 2 · 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
2 TON	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
6		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
1	Kw	Central heat:	
		oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
1	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
100	Amp	Service Entrance	
		Other	

Paid [ ] Check # 13288 Administrative Surcharge $
PDF Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 91.

U.C.C. Form F-1208 1 White - Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy **PRO 220B**

pl. Dunmore

Cedar.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/17/93
Date Issued
Control #
Permit # 1897-93

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

Block 1429.2 Lot 20.01 29
Work Site Location 127 Camille Ct. Brick Town N.J.
Owner in Fee Brick town Village Inc.
Address 816 Deal Lake Dr. Ocean N.J. 07712
Tele. (908) 458-4032 Mom or 908 493-2330
Contractor Precision Mechanical HVAC Inc.
Address 311 Allaire Ave. Ocean NJ 07712
Tele. (908) 531-7276
Lic. No.
Federal Emp. No. 22-2993274 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R 3 A
Constr. Class. Present ____ Proposed ____
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: Basement
Total Est. Cost of Fire Prot. Work $ 3650.00 [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Proto
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8/11/93
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 8/16/93
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test			5/6/94	
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.

H C Hagerman
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		46
Smoke Detectors	6	
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	2 4	99
OTHER		

Administrative Surcharge $ 145
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

Cedar.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/17/93
Date Issued
Control #
Permit # 1897-93

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

Block 1429.2 Lot C0129
Work Site Location 129 Camille Ct. Brechtown N.J.
Owner in Fee Brechtown Village Inc.
Address 816 Deal Rd. Ocean N.J. 07712
Tele. (908) 458-4032 Main Off 908 493-2330
Contractor Precision Mechanical HVAC Inc.
Address 1311 Allaire Ave. Ocean NJ 07712
Tele. (908) 531-7276
Lic. No.
Federal Emp. No. 22-2993274 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R 3 A
Constr. Class. Present _____ Proposed _____
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: Basement
Total Est. Cost of Fire Prot. Work $ 3650.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Photo
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8/11/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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.

H C Hagerman
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	6	46
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	4	99
OTHER		

Administrative Surcharge $ 145
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

Cedar. 35
Bldg

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/17/93
Date Issued
Control #
Permit # 189793

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

Block 1429.2 Lot ~~2~~ ~~C0129~~ C0127
Work Site Location 129 Camilla Ct.
Brick Town N.J.
Owner in Fee Brick Town Village Sr
Address 816 Deal Rd.
Ocean N.J.
Tele. (908) 458-4032 Mads office 908-493-2330
Contractor Shal-Ron Plumbing
Address 22 Sugarbush Road
Howell, NJ. 07731
Tele. (908) 367-5566
Lic. No. 4954
Federal Emp. No. 22-2910705 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present 1 Proposed
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8-11-93
Approved by: RC

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: JoM
Date: 4-29-94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			2-8-94	JoM
Water				
Sewer				
Fixtures				
Gas Equipment			3-30-94	JoM
Gas Final				
Solar				
TCO				
CO	4-26-94			

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
1	Bath Tub	5
2	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
2	Hose Bibb	10
	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	15
1	Sewer Connection	
1	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 110
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

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

Cedar.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/17/93
Date Issued
Control #
Permit # 189793

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

Block 1429.2 Lot ~~C0127~~ C0127
Work Site Location 129 Camilla Ct.
Brielltown N.J.
Owner in Fee Brielltown Village Dr. S.
Address 816 Deal Rd.
Ocean N.J.
Tele. (908) 458-4032 Mark office 908-493-2330
Contractor Shel-Ron Plumbing
Address 22 Sugarbush Road
Howell, N.J. 07731
Tele. (908) 367-5066
Lic. No. 4454
Federal Emp. No. 22-2910705 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8-11-93
Approved by: WC

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 Final				
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)
2	Water Closet	10
	Urinal/Bidet	
1	Bath Tub	5
2	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
2	Hose Bibb	10
✓	Gas Piping	5
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	15
1	Sewer Connection	
1	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 110
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

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

Cedar 1897

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date 8-11-93

Property Address 127 Camille ct Block 14292 Lot C0127

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	( ) 6	( )
2. Lavatory	2	( ) 2	( )
3. Bath Tub	1	( ) 2	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	1	( ) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	( ) 1	( )
9. Washing Machine	1	( ) 3	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17.		( )	( )
18.		( )	( )

Total 16

Gallons per minute 11.6

Size of Service 3/4"

Date: 8-11-93

Approved: _____
Brick Township Plumbing Inspector

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: Brick

PROJECT: Evergreen Woods SCD NO.:

BLOCK NO.(s) 1429.2 LOT NO.(s) 117 – 129 ODD

Complete Compliance ☒ Temporary Compliance ☐

Block No.	Lot No.	Conditions
		Bldg. #35 Units 117, 119, 121, 123, 125, 127, 129 Camille Ct.

TOTAL FEES DUE: $

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

AGENT RESPONSIBLE FOR PROJECT:

AUTHORIZED DISTRICT SIGNATURE: M E Smith

DATE: 5/12/94

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 8/92

#A5464

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date May 13, 1994

NAME Brick Town Village

ADDRESS 816 Deal Rd. Ocean, NJ 07712

PROPERTY LOCATION 127 Camille Court

Account No. V173963 Block 1429.02 Lot 2C-0127

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

For the Authority

ROUGH PLUMBING
INSPECTED & APPROVED

PLUMBING INSPECTOR
Township of Brick

Permit No. 0470

APPROVAL FOR ELECTRICAL

	Date	Inspector
[✓] Rough	1-25-94	[illegible]
[ ] Service		
[ ] Other		
[✓] Final	5-9-94	[illegible]

U.C.C. Form F-222A

5/9/94
Were checked
D.C. Elec final 5/9/94

RESIDENTIAL WARRANTY CORPORATION™

5300 DERRY STREET, HARRISBURG, PA 17111-3598
NATIONWIDE 1-800-247-1812

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: BRICKTOWN VILLAGE/FISCH

Purchaser(s) Name:

Legal Address of Home Enrolled:

35F (Lot) — (Block) — EVERGREEN WOODS PARK (Development)

127 CAMILLE CT (Street Address)

LAKEWOOD (City) — OCEAN (County) — NJ (State) — 08701 (Zip)

RWC Enrollment No: 867674

Date: JANUARY 13, 1994

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra J. Smith

Form #604
Rev. 10/91

INSPECTOR: K Shafer

DATE: 5/13/94

JOB: Evergreen Woods

SECTION: 5A/6A

TYPE OF WORK: Final Eng

WEATHER: Sunny

LOCATION: Bldg # 35

TEMPERATURE: 70°'s

BLOCK: 1429

LOT: entire

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

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