C356-398

BLOCK 356 LOT 398 QUALIFICATION CODE _____ ADDRESS (SITE) 65 Turnsbrook Dr PERMIT NO. 98-0172

rec'd 1/15/98 Not Stamped

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 65 Turnsbrook Dr
2. Name of Owner in Fee: Greg & Laura Maestri Tel. [redacted]
   Address 60 Kettle Creek Dr (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Self Tel. [redacted]
   Address 60 Kettle Creek Dr Brick
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Greg Maestri
   Tel. [redacted]

oil to gas

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		95. ✓	
4. Fire Protection		do. ✓	127. ✓
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		1. ✓	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	162. ✓	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. 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	1,100								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☒ Fire Protection					1/14/98	JH	8/12/99		dl
6. ☒ Plumbing					1-21-98	DW	2/27/98		DW
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1,100								

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	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 10205304

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. (X) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. (X) 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 Greg Maestri Date 1/13/98

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 comply with all New Jersey tax laws.

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

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 08/16/99
Control #
Permit # 98-0172

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 356 Lot 398 Qual
Work Site Location 65 TUNESBROOK DR
OIL TO GAS
Owner in Fee/Occupant MAESTRI, GREG & LAURA
Address SAME
BRICK NJ 08723-
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:

[ ] 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. Cuniazza
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 103
Collected by: CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/23/9
Control #
Permit # 98-0172

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 356 Lot 398

Work Site Location 65 TUNESBROOK DR
OIL TO GAS
Owner in Fee MAESTRI, GREG & LAURA
Address SAME
BRICK NJ 08723-
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:
[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 95
Fire Protection 66
Elevator Devices 0
Other
DCA Training Fee 1
Cert. of Occ. 0
Other
Total 162
Check No. 103
Cash
Collected By: CS

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 $ 1,100

J. Iriarte/cas
CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 07/08/99
Control #
Permit # 98-0172+A
Permit Issued 01/23/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 356 Lot 398 Qual

Work Site Location 65 TUNESBROOK DR
UPDATE FIRE & APPLIANCES
Owner in Fee MAESTRI, GREG & LAURA
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REINSTATE EXPIRED PERMIT & ADDING RANGE & DRYER

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	127
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	127
Check No.	
Cash	X
Collected By	LRT

Estimated Cost of Work $ 50.00

Construction Official

07/08/99
Date

U.C.C. F190 (rev. 3/96)

07/08/99 09:53
00078005
CHECK CHANGE 0.00
TOTAL 127.00
FIRE 127.00
LOT 0.00
BLOCK 0.00
398 #
356 #
0010
0172*#

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/06/99
Date Issued ~~07/01/54~~
Control # 7-8-99
Permit # 98-0172+A

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

Block 356 Lot 398 Qual
Work Site Location 65 TUNESBROOK DR
UPDATE FIRE & APPLIANCES
Owner in Fee MAESTRI, GREG & LAURA
Address SAME
BRICK, NJ 08723-
Tele.(__) Fax (__)
Contractor
Address
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 50

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 7-7-99
Approved By: KCB

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-12-55
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			8-10-55	DB
Smoke Ctl				
TCO				
Final	8-10-55		8-12-55	DB
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 Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other REINSTATE PERMT		35
Other		0

Administrative Surcharge	$	0
Paid [X] Check # ~~Cash~~ check	Minimum Fee $	0
Collected by: LRT	TOTAL FEE $	127
	DCA Training Fee $	0

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

[redacted] FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 01/15/98
Date Issued / /
Control # C356-398
Permit # 98-0172

check if future appliances installed

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

Block 356 Lot 398
Work Site Location 65 TUNESBROOK DR
OIL TO GAS CONVERSION
Owner in Fee MAESTRI, GREG & LAURA
Address SAME
BRICK, NJ 08723-
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 1 Proposed R-3
Construction Class Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 100 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 1/16/98
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 tank	5-10		5-12	DB
Other				
Other	2/2/98			

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 Inspection required when pulled from ground tank must be cleaned.
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	0	
Heat Detectors	0	
TOTAL	0	0
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 TANK REMOVAL		66

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 66
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. Form F-140B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/15/98
Date Issued / /
Control # C356-398
Permit # 98-0172

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

Block 356 Lot 398
Work Site Location 65 TUNESBROOK DR
OIL TO GAS CONVERSION
Owner in Fee MAESTRI, GREG & LAURA
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-
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 $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 1-21-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 2-27-98

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.			2-27-98	
Gas Piping Test			1-26-98	
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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
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
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
1	Hot Water Boiler	35
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 $ 95
DCA Training Fee $ 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/15/98
Date Issued / /
Control # 398
Permit #

1-26 98
2 Supply lines need valve
no backflow, & reg valve after
pressure reducer

COUNTY OF OCEAN
DEPARTMENT OF SOLID WASTE MANAGEMENT
NORTHERN/SOUTHERN RECYCLING CENTERS

USED OIL AND ANTIFREEZE RECYCLING RECEIPT

DATE: 8-11-99

HOMEOWNER'S NAME: Greg Maestri

HOMEOWNER'S TOWN: Bricktown

QUANTITY/QUARTS/GALLONS: 5 or 1 + Rags

HOMEOWNER'S SIGNATURE: Greg M

EMPLOYEE'S SIGNATURE: Ralf Koller

S.W. 104

TOWNSHIP OF BRICK
DIVISION OF INSPECTIONS

Date Received 1/15/98
Date Issued
Control #
Permit #

SITE LOCATION 65 Turnsbrook Dr BLOCK 356 LOT 398
OWNER Greg & Laura Maestri
ADDRESS 60 Kettle Creek Dr Brick TELEPHONE # [redacted]

CONTRACTOR Self HO
ADDRESS 60 Kettle Creek Dr Brick TELEPHONE # [redacted]
LICENSE # or BLDRS. REG. # FEDERAL EMP. # or SOCIAL SECURITY #

CERTIFICATE IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.

Signature Greg Maestri owner

BUILDING SUBCODE:

BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Group Present _____ Proposed _____
No. os Stories _____
Height of Structure _____ ft.
Area - Largest Floor _____ sq. ft.
New Bldg. Area / All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Total Land Area Disturbed _____ sq. ft.

EST. COST OF BLDG. WORK

1. New Bldg. $_____
2. Alteration $_____
3. Total (1+2) $_____

DESCRIPTION OF WORK

B Vent - yes Existing Chimney

TYPE OF WORK:

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

COST: (Office Use Only)

$_____

SUBCODE OFFICIAL [ ] APPROVE [ ] DISAPPROVE DATE _____

[ ] CO [ ] CCO [ ] CA

COMMENT _____

SUBCODE OFFICIAL'S SIGNATURE _____

PLUMBING SUBCODE: [ ] Licensed Plumbing Contractor [✓] Exempt Applicant

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 $ 1,100

TECHNICAL SITE DATA (List all fixtures.)

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

SUBCODE OFFICIAL [ ] APPROVE [ ] DISAPPROVE DATE _____
[ ] CO [ ] CCO [ ] CA
COMMENT _____

SUBCODE OFFICIAL'S SIGNATURE _____

FIRE PROTECTION SUBCODE:

FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [X] NEW [ ] EXISTING TYPE: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____ Location: _____

TOTAL ESTIMATED COST OF FIRE PROTECTION WORK $ 1,100

TECHNICAL SITE DATA - Description of Work

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

	No.	FEE (Office Use Only)
Wet Sprinkler Heads	____	
Dry Sprinkler Heads	____	
TOTAL	____	____
Stand Pipes	____	____
Kitchen Hood Exhaust Sys	____	____
Gas or Oil Fired Appliance	____	____
Other Sprinkler Removal	1	44.00
	66	✓

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 ____

	No.	FEE (Office Use Only)
Smoke Detectors	____	
Heat Detectors	____	
TOTAL	____	____

PRE-ENGINEERED SYSTEMS

CO_2 Suppression	____	____
Halon Suppression	____	____
Foam Suppression	____	____
Dry Chemical	____	____
Wet Chemical	____	____

SUBCODE OFFICIAL [ ] APPROVE [ ] DISAPPROVE DATE _____
[ ] CO [ ] CCO [ ] CA
COMMENT _____

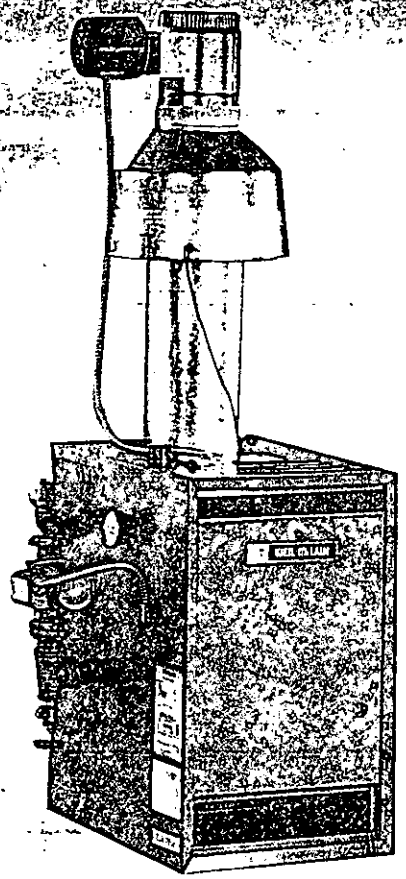
SUBCODE OFFICIAL'S SIGNATURE _____

WEIL-McLAIN

12/29/97 L+H

Model CG-3-5PDN

CG (Series 12) and CGX (Series 2) Gas-Fired Boilers



Boiler Manual Includes:

- Installation
- Start-up
- Service
- Boiler Parts

Refer to Control Supplement for additional information and Gas Control Parts

For Natural or Propane Gas

BOILER MANUAL FOR USE BY A QUALIFIED CONTRACTOR

To the owner: Regular service on this boiler is recommended and should be performed by a qualified contractor.

To the installer: Read all instructions and warranty before starting.

Any claims for damage or shortage in shipment must be filed immediately against the transportation company by the consignee.

Part No. 550-110-638/0196DCP

Model CG-5-SPDN

RATINGS

DOE

Boiler Number ▲	A.G.A. (United States) Input BTU/Hr.	A.G.A. (United States) D.O.E. Heating Capacity ‡	C.G.A. (Canada) 0 – 2000 Ft. Input BTU/Hr.	C.G.A. (Canada) 0 – 2000 Ft. Output BTU/Hr.	C.G.A. (Canada) 2000 – 4500 Ft. Input BTU/Hr.	C.G.A. (Canada) 2000 – 4500 Ft. Output BTU/Hr.	I=B=R Ratings BTU/Hr.*	Boiler Water Content in Gallons	D.O.E. Seasonal Efficiency (A.F.U.E.) SPDN	SPDL	PIDN	Chimney and Breeching Size
CG-25	52,000	43,000	52,000	41,600	46,800	37,400	37,000	1.5	80.2	80.4	83.0	4"I.D.×20'
CG-3	70,000	58,000	70,000	56,400	63,000	50,400	50,000	1.5	80.1	80.7	82.2	4"I.D.×20'
CGX-3•	70,000	59,000	70,000	56,400	63,000	50,400	51,000	1.5	–	–	83.3	4"I.D.×20'
CG-4	105,000	88,000	105,000	84,000	94,500	75,600	77,000	2.1	80.4	81.4	82.9	5"I.D.×20'
CGX-4•	105,000	88,000	105,000	84,000	94,500	75,600	77,000	2.1	–	–	83.3	5"I.D.×20'
CG-5	140,000	117,000	140,000	112,800	126,000	100,800	102,000	2.7	80.4	81.5	82.5	6"I.D.×20'
CGX-5•	140,000	117,000	140,000	112,800	126,000	100,800	102,000	2.7	–	–	83.3	6"I.D.×20'
CG-6	175,000	145,000	175,000	140,000	157,000	126,000	126,000	3.3	80.5	81.6	82.2	6"I.D.×20'
CGX-6•	175,000	146,000	175,000	140,000	157,000	126,000	127,000	3.3	–	–	83.3	6"I.D.×20'
CG-7	210,000	174,000	210,000	168,000	189,000	151,200	151,000	3.8	80.5	81.7	81.8	7"I.D.×20'
CG-8	245,000	202,000	245,000	196,000	220,000	176,400	176,000	4.4	80.5	81.8	81.4	7"I.D.×20'

▲ Add "SPD" to designator for boiler with standing pilot; add "PID" to designator for boiler with intermittent electronic ignition system. (Canada only – add "SP" to designator for boiler with standing pilot; add "PI" to boiler with intermittent electronic ignition system.) "N" designates natural gas, "L" designates propane. Available for natural and propane gas with standing pilot, natural gas for PID (no propane for PID). Not available for millivolt systems.

‡ Based upon standard test procedures prescribed by the United States Department of Energy.

* Net I=B=R Ratings are based on net installed radiation of sufficient quantity for the requirements of the building and nothing need be added for normal piping and pick-up. Ratings are computed on an allowance for factor of 1.15. For unusual piping and pick-up loads, consult your Weil-McLain area sales office.

• Available only as "PID" (or "PI" – Canada only) for natural gas firing only. Add prefix "A" for high altitude.

STANDARD EQUIPMENT

STANDARD EQUIPMENT

Insulated Extended Jacket
Draft Hood (in separate carton)
Automatic Vent Damper
Aluminized Steel Burners
Non-Linting Pilot Burner
Combination Gas Valve
Built-in Air Eliminator
Combination Relay Receptacle and 40VA Transformer
High Limit Temperature Control
Circulator (Taco 007 or B&G)
30 PSI Relief Valve
Boiler Drain Valve
Combination Pressure – Temperature Gauge
Highest Efficiency Models – PID System
High Efficiency Models – SPD System
Spill Switch
Rollout Thermal Fuse Element
Electrical Junction Box
Plug-in Circulator Relay

ADDITIONAL EQUIPMENT

Expansion Tank Kits

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 356 LOT: 398 PERMIT#: _____

WORKSITE ADDRESS: 65 Tuckahoe Rd.

Certifying Individual(Print Name)

Name: Greg Maestri

Address

Street: 60 Kettle Creek Dr

State: Brick N.J.

Company

Name: _____

City: _____

Zip: _____

Phone#( ) _____

Check The Appropriate Box

Type of replacement:

- [X] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other (describe): _____

Existing vent/chimney:

- [ ] B label vent
- [ ] L label vent
- [X] Masonry chimney-Tile lined
- [ ] Flexible liner
- [ ] Power vent/exhauster
- [ ] Other (describe): _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Greg Maestri 1/13/93

Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify the the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Certification Not Submitted:

_____

Signature Date

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____

Signature Date

Direct Vent Appliance:

No certification required:

_____

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

F370

TANK ABATEMENT OR
ASBESTOS ABATEMENT NOTIFICATION

Date: 1/13/98

Project: Mallard Point

Street: 65 Turnsbrook Dr

Town: Bricktown

Contractor: Self License No.

Address: 60 Kettle Creek Dr.

A.S.C.M: License No.

Address:

OSHA AIR MONITOR:

Address:

BUILDING OWNER: Greg & Laura Maestri

Street: 60 Kettle Creek Dr.
Town: Brick
Phone: [redacted] County: Ocean Zip 08723

Engineer/Architect:

Street:
Town:
Phone: County Zip

Waste Hauler: Tonk's Waste Oil Service license No. NJ DEPE

Address: Toms River NJ 255-3757

Land Fill: EPA-NJDEP S-7871
Town:

Job Size: (Circle one) Minor ✓ Small Large

Quantity of Waste Generated: Cu. Yds
(All applicable) Linear Footage:
Square Footage:

Proposed Start Date: 8/98 Proposed Finish Date: 8/98

Cost of work: $ 50.

Construction permit number: Date issued:

OS43A
1-19-89

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 356 LOT: 398 PERMIT#: _____

WORKSITE ADDRESS: 65 Turnsbrook Dr.

Certifying Individual(Print Name)

Name: Greg Maestri

Address

Street: 65 Turnsbrook

State: N.J.

Company

Name: _____

City: _____

Zip: _____

Phone#( ) _____

Check The Appropriate Box

Type of replacement:

- [X] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other (describe): _____

Existing vent/chimney:

- [ ] B label vent
- [ ] L label vent
- [X] Masonry chimney-Tile lined
- [ ] Flexible liner
- [ ] Power vent/exhauster
- [ ] Other (describe): _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Greg Maestri 1/21/98

Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify the the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Certification Not Submitted:

_____

Signature Date

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____

Signature Date

Direct Vent Appliance:

No certification required:

_____

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINA INSPECTION.

F370

Christine Todd Whitman
Governor

State of New Jersey
Department of Environmental Protection
Division of Responsible Party Site Remediation
Southern Field Office
P.O. Box 407
Trenton, New Jersey 08625-0407
(609) 584-4150 (Office)
(609) 584-4170 (Telefax)

Robert C. Shinn, Jr.
Commissioner

August 26, 1997

Peter Alan Bilinskas
100 Roselle Street
Linden, New Jersey 07036

Re: 65 Tunes Brook Drive
Township of Brick, Ocean County
Block: 356; Lot: 398
DRPSR Case #97-01-25-1406
No Further Action Proposal dated July 24, 1997

Dear Mr. Bilinskas:

Pursuant to the authority vested in the Commissioner of the New Jersey Department of Environmental Protection (Department) and duly delegated to the Section Chief of the Bureau of Field Operations' Southern Field Office pursuant to N.J.S.A. 13:1B-4, the referenced No Further Action (NFA) proposal for the below referenced area of concern (AOC) is hereby approved.

This approval is based upon the Department's review of the Remedial Action Report dated July 24, 1997, which was submitted to the Department in accordance with the Memorandum of Agreement dated June 1, 1997.

A faulty boiler connection located in the basement of the home results in a discharge of #2 fuel oil onto the basement floor. The fuel oil flowed under the garage door, resulting in a surface discharge outside the home. The basement floor was power washed clean and the associated contaminated soil and debris generated from the surface spill were excavated and disposed. Post-excavation soil samples obtained from the excavation were below the cleanup criteria developed for this site. There was no indication that ground water beneath the site had been impacted. All work at the site was certified by you on August 4, 1997.

This approval shall be limited only to the above referenced AOC, and the condition of such area as of the date of this letter, and shall not be construed to address any other areas of the site.

This NFA Approval Letter shall not restrict or prohibit the Department or any other agency from taking regulatory action under any other statute, rule or regulation.

Sincerely,

Thomas W. Downey, Section Chief
Bureau of Field Operations

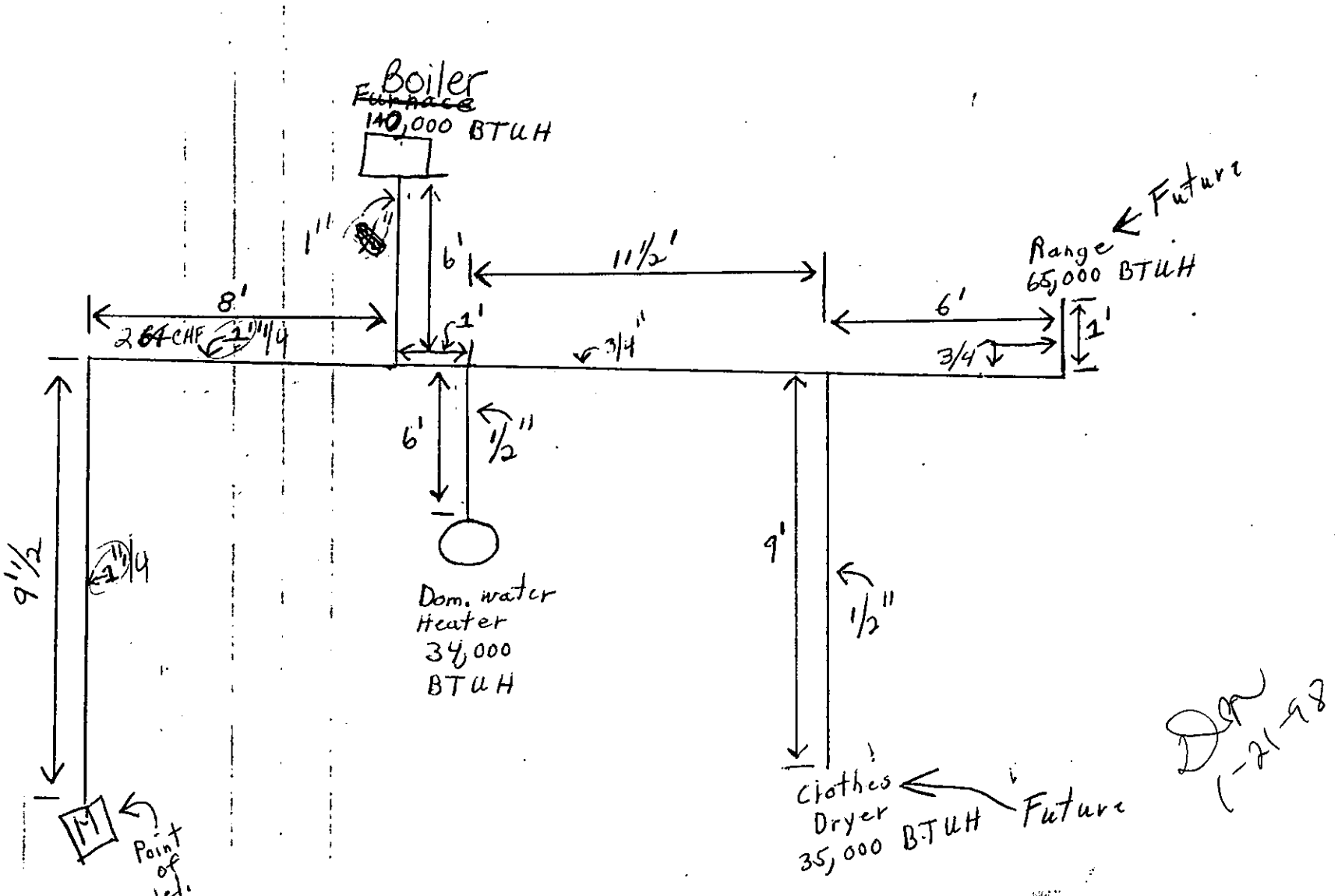
c: File #15-06-75 through Furman Stoop
Ocean County Health Department
Clean Venture

here
prohibi

Gas Piping Riser Diagram

65 Turnsbrook Dr
Lot 398 Blk 356

Total 37' Run



DR
1-21-98

Site Location: Date Rec'd:
Block: Lot: Date Issued:
Owner id Fee: Control #:
Address: Permit #:

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. #. (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

- ☐ New Building
- ☐ Addition ☐ Fence: Height (6' or More)
- ☐ Alteration ☐ Sign: Sq. Ft.
- ☐ Roofing ☐ Pool (In Ground)
- ☐ Siding ☐ Pool (Above Ground)
- ☐ Other: ☐ Asbestos Abatement
- ☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:

Date:

ELECTRICAL

CONTRACTOR:
ADDRESS:

PHONE:
LIC #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION ITEMS	QTY	SIZE
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		KW
KW Oven / Surface Unit		KW
KW Elec. Water Heater		KW
KW Elec. Dryer / Receptacle		KW
KW Dishwasher		KW
HP Garbage Disposal		HP
KW Central A/C Unit		KW
HP/KW Space Heater/Air Handler		HP/KW
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service		AMP
AMP Subpanels		AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

Update
98-0172+A

PLUMBING

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

FIRE

X

CONTRACTOR:
ADDRESS: Homeowner
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Update
sule code $35.—

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

	Capacity:	Fuel:
Flammable Liquip Storage Tanks		
Combustable Liquid Storage Tanks		
L.G.P. Storage Tanks		

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	

Gas or Oil Fired Appliance 2 appliances
Other Range + Dryer
Other
Estimated Cost of Fire Protection Work: $ N/A
Signature: X Greg Maestri
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by: