NEED TRUSS CERT.

RECEIVED 1/24/03 LOT 9 ADDRESS (SITE) 245 Oak Forest Drive PERMIT NO. 880-96

("BENNINGTON") (Country Woods) APR 29 '96

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

Eng ok
Soil ok

pd ... $ ... 1/10, 5 spr, 2 meter

AHBT PRELIMINARY APPROVAL

I. IDENTIFICATION

1. Proposed Work-site at: 245 Oak Forest Drive
2. Name of Owner in Fee: Quebec Developers Tel [redacted]
   Address 317 Brick Blvd (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public ✓ Private ______
4. Principal Contractor: Same Tel. (___) ______
   Address ______
   License No. OR, if new home, Builder Reg. No. 024229 Exp. Date ______
   Federal Emp. No. 223321850 Social Security No. ______
5. Architect or Engineer Sullivan Assoc Tel. (215) 567-7300
   Address 2314 Market Street, Phila Pa
6. Responsible Person in Charge of Work Linda Moon Tel. (908) 458-0981

New Proto 4 Copie

V. FEE SUMMARY (for office use only)

		$		Update	Update
1.	Building	$	508		
2.	Electrical				
3.	Plumbing		191	110	✓
4.	Fire Protection		155 140		
5.	Elevator Devices				
6.	Subtotal	$	839		
7.	Less 20% for State Plan Review				
8.	Subtotal	$			
9.	DCA Training Fee		43		
10.	Subtotal	$	84		
11.	Cert. of Occupancy				
12.	Other 2013 TRP		$30.00		
13.	TOTAL	$	996		

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	2	
2.	Height of Structure	24 ft.	
3.	Area—Largest Floor	1278 sq. ft.	
4.	New Building Area	2058 sq. ft.	
5.	Volume of New Structure	26761 cu. ft.	
6.	Construction Classification	5B	
7.	Total Land Area Disturbed	1500 sq. ft.	
8.	Flood Hazard Zone		
9.	Base Flood Elevation	ft.	
10.	Wetlands yes / no	sq. ft.	
11.	Max. Live Load		
12.	Max. Occupancy Load		

II. PROPOSED WORK

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

Hov ✓
4ev ✓

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
JL	4/24/96		3/9/96	JL	8/28/96		ok
			5/8/96	J	8/23/96		ok
			5-8-96	Gay	8/16/96		ok
					8/20/96		ok
Cy	5/1/96		5/1/96	Ast			

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☒ Prototype Processing

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:

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

CONFIDENTIAL

A.H.B.T. - I

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 Linda Dunclozan

Address 317 Brick Blvd

Brick NJ

Telephone ( ) 477-2300

Signature Linda Dunclozan Date 4/23/96

Linda Dunclozan

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			X	X	X	X	X	X	
☐ 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	
☐									
☐									

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. 880	9/5/96			
☐ Certificate of Approval	No.				

CERTIFICATE

Date Issued 9/5/96
Control #
Permit # 880-96

IDENTIFICATION

Block 1124.03 Lot 9
Work Site Location 245 Oak Forest Dr.

Owner in Fee Quebec Developers
Address 317 Brick Blvd.
Brick, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 967399
Use Group R-3 1 hour
Maximum Live Load 40+
Description of Work/Use:

Single family dwelling

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ **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:

Ray Korkowski
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

INSPECTOR: Gary Rock

JOB: County Works SECTION:

WEATHER: Sunny

TEMPERATURE: 78

DATE: 8/31/96

TYPE OF WORK: Final Cert

LOCATION: 245 Oak Forest

BLOCK: 1124.03 LOT: 9

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	NO FABC	
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

Thomas L. Hoyt 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.

CONSTRUCTION PERMIT

New Jersey Uniform Construction Code

Date Issued 5/10/96
Control #
Permit # 880-96

IDENTIFICATION Block 1124.03 Lot 9

Work Site Location 245 Oak Forest Dr

Owner in Fee Quaker Dev.
Address 317 Brick Blvd
Brick, NJ
Tele. ( )

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
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Single fam. dwelling 2058. 2676.

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 $ 40,000.-

Ray Korkowski
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	508.-
Plumbing	191.-
Electrical	
Fire Protection	140
Other	
Other	Bon 15.-
DCA Training Fee	43.-
Cert. of Occ.	84.-
Other	
Total	996.
Check No.	105753
Cash	
Collected By:	

Register receipt: **0002** 6604* LOT 0.00 9 8 BUILDING 508.00 PLUMBING 191.00 FIRE 140.00 D.C.A. 43.00 C/O 84.00 ZONE PLOT 15.00 ENG P R 15.00 TOTAL 996.00 CHECK 996.00 CHANGE 0.00 05-10-96 MC 5 00296005 10:13

U.C.C. Form F-170C

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

PERMIT UPDATE

Date Update Issued 9/3/96
Control #
Permit # 880-96
Date Permit Issued

IDENTIFICATION Block N24.03 Lot 9
Work Site Location 245 OAK FOREST DR
Owner In Fee QUEBEC DEV.
Address 317 BRICK BLVD.
BRICK, NJ
Tele. ( )

Contractor
Address
Tele. ( ) **0002**
Lic. No. or Bldrs. Reg. No. 880*B
Federal Emp. No. LOT 0.00
or Social Security No. 9 #

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Addl. plb. fees

Estimated Cost of Work $

Roy Korkowski
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

	PLUMBING	110.00
	TOTAL	110.00
Building		
Plumbing 110.-	CHECK	110.00
Electrical	CHANGE	0.00
Fire Protection 09/03/96 NO. 5 00078015		08:07
Other		
Other		
DCA Training Fee		
Cert. of Occ.		
Other		
Total 110.-		
Check No. 107457		
Cash		
Collected By:		

U.C.C. Form F-180A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/10/96
Control #
Permit # 880-96

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

Block 1124.03 Lot 9
Work Site Location 243 Oak Forest Dr
Countryside Woods
Owner in Fee Quiney Developers
Address 317 Bath Blvd
[redacted] 08723
Tele. ([redacted])
Contractor Some
Address
Tele. (___)
Lic. No. or Bldrs. Reg. No. 024229
Federal Emp. No. 223321830 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature Quiney Developers

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2 Story Single Family Dwelling
Bennington / Elev A / Slab
No Fireplace, Patio
3 Bedroom, 1 car garage

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-7-96	JL
[ ] Footing	need truss cert.	
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:	8/28/96	
Approved By:	JDan	

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			5/16/96	JL
~~Foundation~~ Slab			6/6/96	JL one
Slab				
~~Frame~~			7/18/96	JDan
Insulation			8/22/96	JDan
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8/28/96	JDan

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other Patio 12'-0 x 12'0
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE

	$

B. BUILDING CHARACTERISTICS

Use Group	Present ____	Proposed R3
Constr. Class	Present ____	Proposed 5B
No. of Stories		2
Height of Structure		24 Ft.
Area—Largest Floor		1278 Sq. Ft.
New Bldg. Area/All Floors		2058 Sq. Ft.
Volume of New Structure		26761 Cu. Ft.
Total Land Area Disturbed		1500 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 40,000
2. Alteration $ ____
3. Total (1+2) $ 40,000

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

6/6/96 added an extra bunch to Club. Should be addressed by sullivan asst.

WK 60161

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JUL 15 96 0 0 6 3 0 4

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

Block 1124.03 Lot 9
Work Site Location 245 OAK Forest Dr
Brick
Owner in Fee W-F Prop
Address Brick
Tele. ( ) [redacted]
Contractor FRANK LOMBARDI
Address 318 Rockaway It
Elizabeth NJ 07206
Tele. ( ) 352-3665
Lic. No. 7227
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Dwell Utility Co. _____
Est. Cost of Elec. Work $ 1600

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
[X] CO [ ] CCO [ ] CA
Date: 960820
Approved By: LMM 645

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			960716	LMM 645
Temporary			960716	LMM 645
Constr. Serv.				
TCO				
Other				
Service				
Final			960820	LMM 645

Temp. Cut-in-Card Date Issued 960716 LMM 645
Final Cut-in-Card Date Issued 960820 LMM 645

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.

[X] Licensed Electrical Contractor [ ] Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
40		Receptacles (2)	
15		Switches (3)	
65		Total 1 + 2 + 3	45.-
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	hp	Dishwasher	7.-
	hp	Garbage Disposal	
	Kw	Dryer	
1	Kw	A/C Unit	7.-
		Burglar Alarms	
		Intercoms Panels	
5		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	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
1	100 Amp	Service Entrance	35.-
		Other	

Paid [ ] Check # 2992
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 94.-

U.C.C. Form F-1208 RPF

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

1 Bexington/Edwards/Slow
No Fire Prot

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5/10/96
Control #
Permit # 880-96

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

Block 1124.03 Lot 9
Work Site Location 245 Oak Forest Dr
Country Woods
Owner in Fee Quaker Developers
Address 317 Burk Blvd
Burl NJ 08723
Tele. ([redacted]
Contractor Dome
Address
Tele. (___)
Lic. No. 024229
Federal Emp. No 223218550 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed R3
Constr. Class. Present ___ Proposed 5B
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ___ Combustible Liq
Location: Laundry room
Total Est. Cost of Fire Prot. Work $ [redacted] 400 [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 5/8/96
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 5/23/96
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test			5/22/96	
Mechanical				
TCO				
Other 7/19/96		Fire Room	OK	
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.

Linda Dunn
SIGNATURE
Quaker Developers

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	5	50 35
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	105
OTHER ___		

Administrative Surcharge $ 150
Paid [ ] Check # ___ Minimum Fee $ 140
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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5/10/96
Date Issued
Control #
Permit # 880-96

BENNINGTON ON SLAB

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

Block 1124.03 Lot 9
Work Site Location 245 Oak Forest Dr
Brick
Owner in Fee W+F Developers
Address 317 Brick Blvd
Brick
Tele. ([redacted]
Contractor Pinewood P+H Inc
Address 807 Mantoloking Rd
Brick
Tele. (____) 477 0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No. ~~~~

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed 1 Fam Res
Building Sewer Size 4 Public Sewer ✓ Private Septic ____
Water Service Size 1 Public Water ✓ Private Well ____
Estimated Cost of Plumbing Work $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5-8-96
Approved by: JAH

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By: Muetcal
Date: 8/16/96

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			7-8-96	JAH
Water				
Sewer				
Fixtures	8/16/96		8/16/96	JAH
Gas Equipment			7-8-96	JAH
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.

William R Dwyer #1722
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	21
	Urinal/Bidet	
2	Bath Tub	14
3	Lavatory	21
	Shower	
	Floor Drain	
1	Sink	7
1	Dishwasher	7
	Drinking Fountain	
1	Washing Machine	7
2	Hose Bibb	14
1	Water Heater	25—
	Fuel Oil Piping	
1	Gas Piping	15—
	~~Steam Boiler~~ FURN	25—
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	25—
1	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL $ 191—

Sprinkler Syst. and Meter Pit 110.00

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

8/21/96 RC

5-29-96

8/16/96 Not Open 3:25 PM
OK 3:45 PM

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: May 1, 1996 — 1996 Z 0451

Block 1124.03 **Lot** 9 **Zone** R-10

Property Address: 245 Oak Forest Drive

Owner: Quebec Developers **(Phone** [redacted]

Applicant: Same **(Phone):** Same

Use: Vacant Lot.

Proposed Construction (if any): Two-story single-family dwelling, 24' high.

Conditions: Major subdivision approved by Planning Board.

"Country Woods, Section 1" map filed November 29, 1994.

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy
Zoning Officer

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 8/30/96

NAME Canada Land Co.

ADDRESS 317 Brick Blvd. Brick, NJ

PROPERTY LOCATION 245 Oak Forest Drive

Account No. Q165131 Block 1124-03 Lot 9
Sprinkler L125806

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

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West, Brick, New Jersey 08724-2399
(908)458-7000 • FAX (908)458-7725

APPLICATION FOR AUXILIARY WATER METER

DATE: 4/19/94 (Country Woods Estates)

Applicant's Name: Quebec Developers Telephone No. 477-2300

Mailing Address: 317 Brick Blvd, Brick Town NJ

Service Location: 245 Oak Forest Drive

Account Number: Q165131 L125806 Block: 124.03 Lot: 9

Size of Existing Service: 1" Size of Existing Meter: 1"

Linda Dunn
Applicant's Signature

Patti Evans
Authority Representative

THIS APPLICATION IS VALID FOR 30 DAYS FROM DATE OF APPLICATION.

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule as applicable to water usage.

After completing this application, the following steps must be taken:

1. Obtain special device permit from the Township of Brick Plumbing Department:
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke.
3. Call the Township of Brick Plumbing Department (262-1000) for inspection.
4. Call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the meter is installed and the permit was approved. Failure to do so may result in a tampering fee of $250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued.

CERTIFICATE OF COMPLIANCE

BLOCK _____ LOT _____ SITE ADDRESS _____

TYPE OF SITE _____ TYPE OF BUSINESS _____

Residential/Commercial

APPLICANT _____ PHONE NUMBER [redacted]

APPLICANT ADDRESS _____ CITY & STATE _____

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

❒ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

❒ Market Rate * No Fee Required

MANDATORY DEVELOPER FEES

☑ Residential is .005%

❒ Commercial is .01%

Estimated Assessment: _____ Date _____

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment: _____ Date _____

Actual Required Fee: $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____

Amount Paid in Full $ _____ Date _____

Check # _____ Receipt # _____

ORIGINAL
ILLEGIBLE

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: _____

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK _____ LOT _____ SITE ADDRESS _____

TYPE OF SITE _____ TYPE OF BUSINESS _____
(Residential/Commercial)

APPLICANT _____ CITY & STATE _____

☐ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

ORIGINAL
ILLEGIBLE

Frederick R. Millman, CTA, Tax Assessor

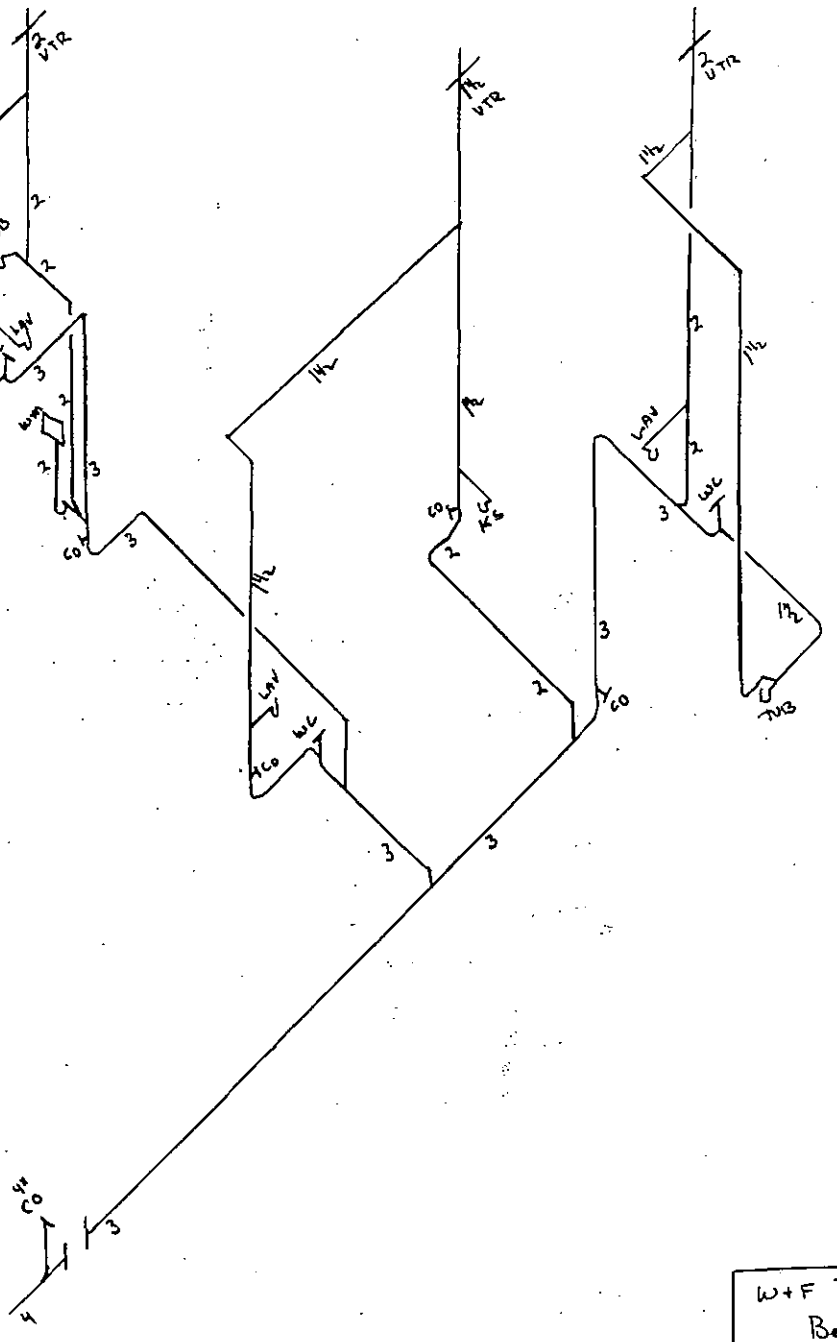
_____
Date

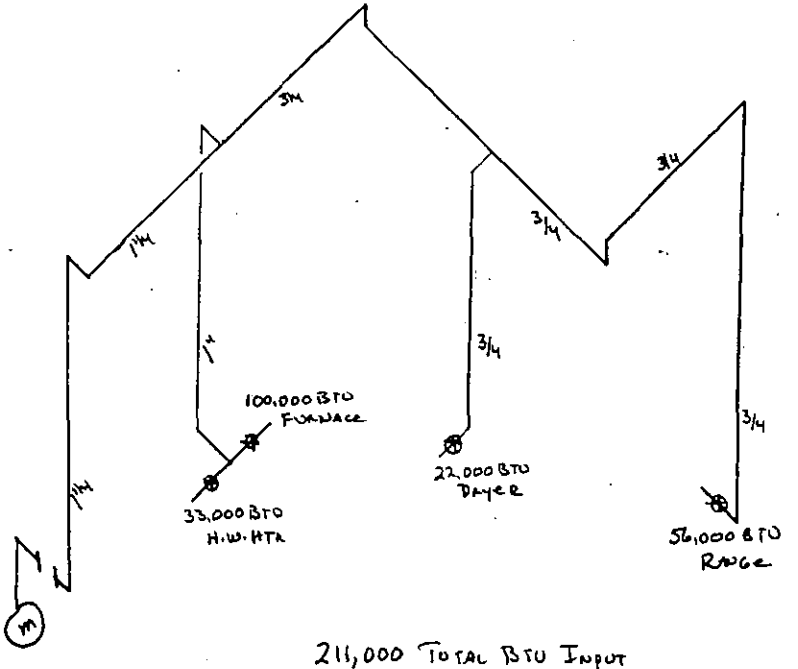
☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

_____
Date





W+F Developers
Bennington
On Slab
4-26-96

211,000 Total BTU Input
@ 78 FT (meter to Range)

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A. J. Cierzo
Construction Official
(908) 262-1024
Fax: (908) 920-4850

FACISIMILE CORRESPONDENCE

(908) 262-8954

DATE 8/19/96 TO FAX NO. 458-7725 PAGES 1

TO BTMUA

ATTN Maureen

FROM Buck Bleby

MESSAGE 245 Oak Forest Dr

SIZING FOR WATER AND SEWER SERVICES

Property Owner Quebec Ave. Date 5/10/96

Property Address 245 Oak Forest Dr Block 1124.03 Lot 9

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	3	(3) 9	( )
2. Lavatory	3	(1) 3	( )
3. Bath Tub	2	(2) 4	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	1	(2) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	(1) 1	( )
9. Washing Machine	1	(3) 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 22 1

Gallons per minute 16

Size of Service 1"

Date: _____ Approved: _____

Brick Township Plumbing Inspector

RESIDENTIAL WARRANTY CORPORATION

5300 Derry Street Harrisburg, PA 17111-3598 1-800-247-1812 FAX 717-561-4494

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 has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: QUEBEC DEVELOPER INC

Purchaser(s) Name:

Legal Address of: Home Enrolled

1124.03 (Lot) 9 (Block) COUNTRY WOODS (Development)

245 OAK FOREST DR
Street Address

BRICK (City) OCEAN (County) NJ (State) 08724 (Zip)

RWC Enrollment No: 967399

Date: DECEMBER 9, 1994

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra Smith

RWC #604
©1994 Harrisburg, PA
Rev 7/1/94

Country Woods
210 Amy Lynn Lane
Bricktown, NJ 08724
(908) 458-7300

Date 8/17/96

Township of Brick

Re: Name MURTHA
Block & Lot 1124.03/9
Development COUNTRY WOODS

We hereby release Quebec Developers, Inc. from any responsibility, toward the installation of:

Range/hood _____
Dishwasher _____
Washer _____
Dryer _____
Carpet ✓
Vinyl ✓

Buyer Brian Murtha

Buyer _____

Quebec Developers, Inc.

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: Country Woods SCD NO.: 4977

BLOCK NO.(s) 171, 03 LOT NO.(s) 9

Complete Compliance ☑ Temporary Compliance ☐

Block No.	Lot No.	Conditions

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:

DATE: 8/30/96

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 8/92

#A5464

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A. J. Clerzo
Construction Official
(908) 262-1024
Fax: (908) 920-4850

MAJOR SUBDIVISION CHECKLIST

DEVELOPMENT: Country Woods PLANNING BD: _____

CONTRACTOR: Orsen Developers

BLOCK 1124.03 LOT 9 SECTION 1

ADDRESS 245 Oak Forest Drive

ABOVE ITEMS MUST BE COMPLETED, BEFORE ACCEPTING PLOT PLAN.

	ACCEPTABLE	DEFICIENT	REMARKS
1) SURVEY/PLOT, SIGNED & SEALED:	/		
2) RESOLUTION COMPLIANCE	/		
3) INSPECTION FEES POSTED	/		
4) PERFORMANCE BOND POSTED	/		
5) STREET LIGHTING MONEY POSTED	/		
6) PROPOSED GRADING	/		
7) PRELIMINARY SITE PLAN SIGNED AND SEALED	/		
8) PORTION OF SITE PLAN ATTACHED	/		

ACCEPTED: / SIGNED 5/2/96 DATE

REJECTED: _____ REASON (S) _____

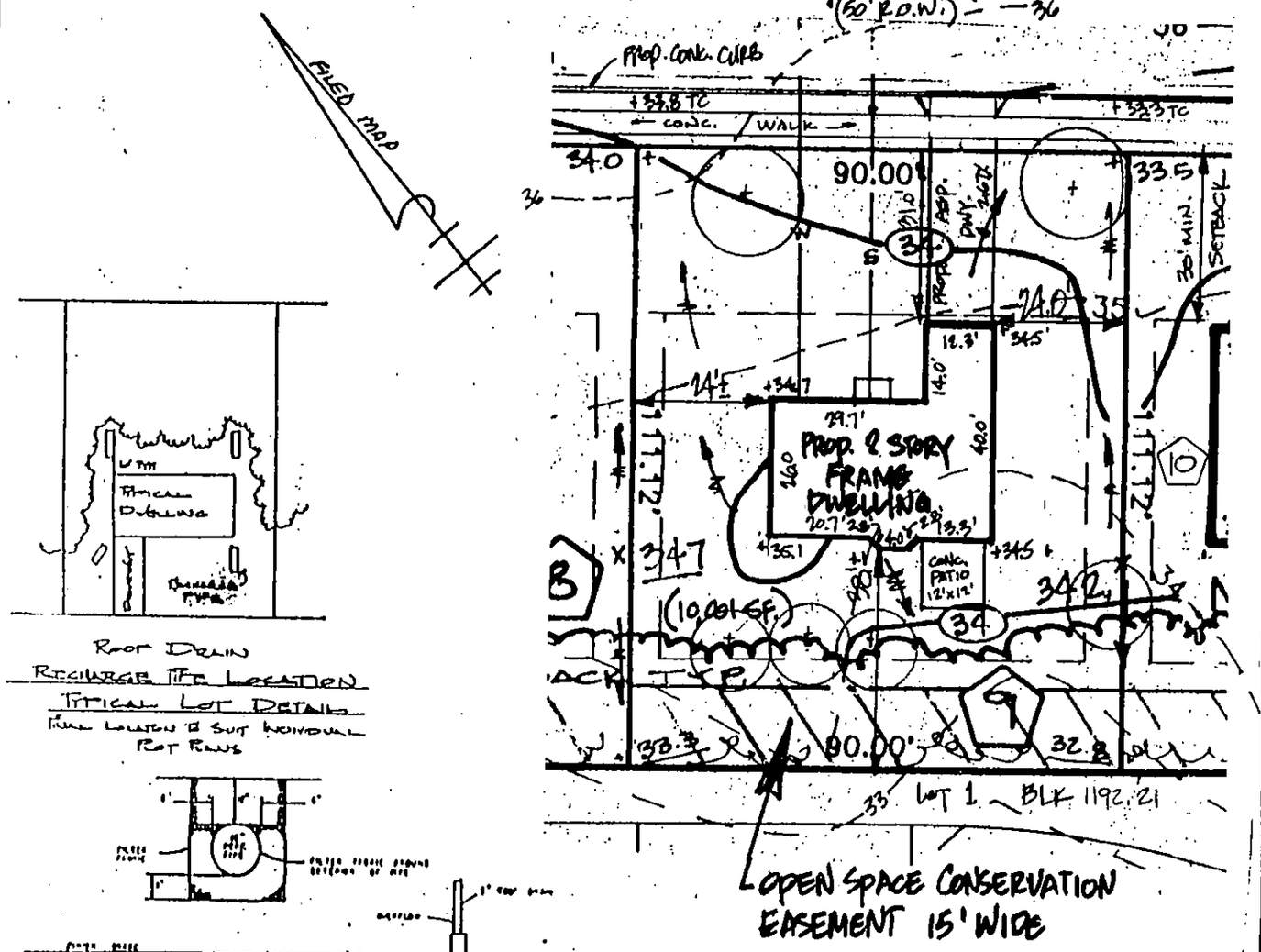
SIGNED DATE

AHBT PRELIMINARY APPROVAL

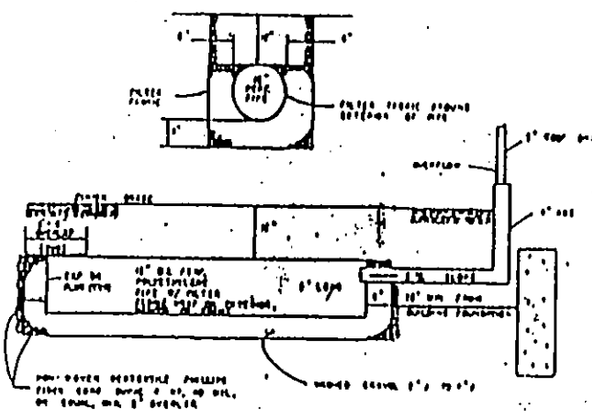
IMPORTANT

A.H.B.T. - MANDATORY FEE - RESIDENTIAL

HOUSE TYPE : BENNINGTON, ELEV. A, SLAB, GARAGE LEFT, 12'x12' PATIO
FINISH FLOOR : 36.1 (2 STEPS)
GARAGE FLOOR : 34.7



ROOF DRAIN RECHARGE TYP. LOCATION
TYPICAL LOT DETAIL
FINAL LOCATION TO SUIT INDIVIDUAL LOT PLANS



ROOF DRAIN RECHARGE PIPE

(X) = SHADE TREE

LEGEND

- existing contour
- proposed contour
- 22.1 existing spot grade
- 33.1 proposed spot grade
- direction of surface runoff
- limit of soils disturbance & tree removal

Notes:
1) Method of Drainage: Drainage to flow to storm drain structure as per approved Master Development Plan
2) Asphalt Pavement Roads (30 feet pavement width)
3) Required Lot Area: Interior -10,000 S.F. Corner -10,500 S.F.
4) Driveways to be constructed as per Brick Township specifications

ALSO KNOWN AS TAX LOT 9 ON BLOCK 1124.03
STREET ADDRESS: # 245 OAK FOREST DRIVE

WSB engineering group, p.a.
Weinert * Smildzins * Baer
Prepared under the supervision of:

DATE:

EDWARD M. WEINERT, P.E. 31284, P.P 3756
IMANTS A. SMILDZINS, P.P. 3267, C.L.A. 137
FRANK J. BAER, JR., P.E. 28776, P.P. 2801
Engineers * Planners * Surveyors
Landscape Architects * Environmental Assessors
1108 Hooper Avenue, Toms River, New Jersey 08753
(908) 244-7227 FAX (908) 505-8940

DATE	REVISION	BY

PLOT PLAN
LOT 9 BLOCK 1124.03
AS SHOWN ON A MAP ENTITLED.
FINAL MAJOR SUBDIVISION OF
COUNTRY WOODS AT BRICK
SECTION 1
FILED IN THE OCEAN COUNTY CLERKS OFFICE
AS MAP #27-2564 FILED ON: 11-29-94
OCEAN COUNTY BRICK TOWNSHIP NEW JERSEY

SCALE 1"=30'		DATE	4/4/96
DRN. RGM.	CHK. KG	FILE NO.	1811-050
		DWG. NO.	3481B