



C85.31

1. Proposed Work Site at: 681 Rolling Hills Court

2. Name of Owner in Fee: Timothy Crowe Te [REDACTED]

Address 681 Rolling Hills Court Brick NJ 08724
street municipality zip code

3. Ownership in Fee: Public _____ Private ✓

4. Principal Contractor: SELF Tel. (_____) _____

Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: (_____) _____

5. Architect or Engineer N/A Tel. (_____) _____

Address _____

6. Responsible Person in Charge of Work SELF

Tel. (_____) _____ FAX (_____) _____

1.	Building	\$	35		
2.	Electrical		35		
3.	Plumbing		25		
4.	Fire Protection		40		
5.	Elevator Devices				
6.	Subtotal	\$			
7.	Less 20% for State Plan Review				
8.	Subtotal	\$			
9.	DCA Training Fee		3		
10.	Subtotal				
11.	Cert. of Occupancy				
12.	Other		30		
13.	TOTAL	\$	171		

1. Number of Stories 1

2. Height of Structure 8 ft.

3. Area — Largest Floor 370 sq. ft.

4. New Building Area 0 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

11. Max. Live Load _____

12. Max. Occupancy Load _____

(office use only)

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☒ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☒ Electrical
8. ☒ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

1. ☐ Partial Releases
2. ☐ Prototype Processing

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
SL	11/17		12-9-03	Km			
		11/12/03	12/11/03 12/15/03 12-10-03	ns OK km	3/8/04 3/10/04		OK OK
Em	12/8/03		12/8/03	11			

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

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

1. State Specific Use:

2. Use Group:

3. Change in Use Group. Indicate Former:

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

Trishy C...

Date

11/17/2003

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 _____
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 ISSUED	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. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/30/2009
Control Number _____
Permit Number 03-5527
Permit Issue Date 12/16/2003
Certificate Number 03-5527

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 681 ROLLING HILLS CT PORCH, NJ Block: 1385.09 Lot: 16 Qual: _____
Owner in Fee: CROWE, TIMOTHY
Owner Address: SAME BRICK NJ 08724-
Telephone: [REDACTED]
Contractor _____
Address _____
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Construction Classification: _____

Maximum Live Load: 0

Maximum Occupancy Load: 0

Description of Work/Use: _____

Certificate Comments: _____

☐ **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.

☒ **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.

☐ **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 Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 03-5527

Permit Number
03-5527

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
12/19/2003	INSULATION		Building	Fail	CROWE, TIMOTHY 681 ROLLING HILLS CT	Alteration		
12/19/2003	ROUGH		Electrical	Pass	CROWE, TIMOTHY 681 ROLLING HILLS CT	Alteration		
01/05/2004	INSULATION		Building	Pass	CROWE, TIMOTHY 681 ROLLING HILLS CT	Alteration		
01/09/2004	ROUGH		Plumbing	Not Ready	CROWE, TIMOTHY 681 ROLLING HILLS CT	Alteration		
01/09/2004	GAS PIPING		Plumbing	Pass	CROWE, TIMOTHY 681 ROLLING HILLS CT	Alteration		
03/05/2004	Final		Building	Pass	CROWE, TIMOTHY 681 ROLLING HILLS CT	Alteration		
03/05/2004	Final		Electrical	Fail	CROWE, TIMOTHY 681 ROLLING HILLS CT	Alteration		
03/05/2004	Final		Fire	Pass	CROWE, TIMOTHY 681 ROLLING HILLS CT	Alteration		
03/05/2004	Final		Plumbing	Pass	CROWE, TIMOTHY 681 ROLLING HILLS CT	Alteration		

12/19/2003

No FRAME INSPECTION, already sheetrocked most of
WALLS JKG. WINDOW INSTALLED IN TOP OF
GABLE END JKG.

1-5-07
All FROTHING SYSTEM 4. Now Load Deck

- 681 Bellin's Hills Court

DEBIT # 03-5527

16 - 1385.09

-
- Hand-drawn sketch of a building layout on graph paper. The sketch shows a central vertical corridor labeled "4x6 GINSE" and a horizontal corridor labeled "4x6 GINSE". The building has a complex shape with several rooms and a large open area on the right. The drawing is done in black ink on a grid background.

2A16n control
(2+6)

16" on center
(2x6)

1/4 START

~~1
 258 245 247-1308
 3044 143044 101444 (green)
 170044 5'8" x 7'9"
 16'26" x 9'4"~~



Terrazzo = 13

Quarry Tile = 10

Linoleum 1

$$\begin{array}{r} 3 \overline{) 24} \end{array}$$

8 LB Average

1" Gypsum = 4

1/2 Gyp = 2

10 LBS Φ Deadload

240 Φ $\times$ 10 = 2400 LBS Deadload

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/17/2003
Date Issued 12/16/03
Control # C85-31
Permit # 03-55297

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

Block 1385.09 Lot 16 Qual
Work Site Location 681 ROLLING HILLS CT

PORCH

Owner in Fee CROWE, TIMOTHY

Address SAME

BRICK, NJ 08724-

Tele.

Contractor FIREPLACES PLUS

Address 440-1 EAST BAY AVE

MANAHAMIN, NJ 08050-

Tele. (609) 597-3473

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2858446

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr Class Present Proposed

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Elect [] Solar

[] Other

Location:

Total Est Cost of Fire Prot Work \$ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Plumb [] Elevator

[] Fire Plans Approved

Date: 12-11-03

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO

Date: 3-8-04

Approved By: [Signature]

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

Storage Tanks

Type: [] Flammable liquid [] Combust liquid

[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] 110v Interconnected NUMBER

[] System

Alarm Devices (smoke, heat, pulls, water/flow)

Supervisory Devices (tamper, low/high air)

Signalling Devices (horn/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump 0 GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-Engineered Systems

Wet Chemical

Dry Chemical

CO2 Suppression

Foam Suppression

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas [] or Oil [] Fired Appliances

Other FIREPLACE

Other

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

Collected by: TOTAL FEE

DCA State Permit Fee

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SCODE
TECHNICAL SECTION

Date Received 11/17/2003
Date Issued 11/14/03
Control # C85-31
Permit # 03-5537

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 1385.09 Lot 16 Qual _____
 Work Site Location 681 ROLLING HILLS CT

PORCH

Owner in Fee CROWE, TIMOTHY

Address SAME

BRICK, NJ 08724-

Tele _____

Contractor _____

Address _____

Tele. (____) _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. HO- _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Sewer Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Bldg ☐ Elect

☐ Fire ☐ Elevator

☒ Plumb. Plans Approved

Date: 12/15/03

Approved By: _____

SUBCODE APPROVAL

☐ CO ☐ CCG ☐ CA

Approved By: [Signature]

Date: 3-10-04

INSPECTIONS

Type _____ Dates (Month/Day) _____
 Failure Failure Approval Initial _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equip. _____

Gas Piping _____

Solar _____

TCO _____

Finish _____

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet _____

Urinal / Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bib _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor / Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

Paid ☐ Check # _____
 Collected by: _____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 TOTAL FEE \$ 25
 DCA State Permit Fee \$ _____

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/16/2003
Control #
Permit # 03-5527

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1362.09 Lot 16

Sheet

Work Site Location 481 FOLLING HILLS CT

PERCH

Contractor H O N E O U H E R

Address

Owner is For GEORGE TIMOTHY

Address SAME BRICK, NJ 08723-

Telephone

Lic. No. of Bldg. Reg. No.

Federal Emp. No. HQ-

Telephone

I hereby granted permission to perform the following work:

- (X) BUILDING () PLUMBING () LEAD BASED REMEDATION
- (X) ELECTRICAL () FIRE PROTECTION () DEMOLITION
- () ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER

(Subchapter B only)

DESCRIPTION OF WORK:

CONVERT SCREEN PORCH TO 3 SEASON PORCH
REPLACE SCREENS WITH KNEEWALL & WINDOWS

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 \$ 2,950

[Signature]
Construction Official

12/16/2003

U.C.C. #179 (REV. 3/98) NJ UCC#005 5.245

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	25
Fire Protection	46
Elevator Devices	0
Other	
DCR State Permit Fee	3
Cert. of Occupancy	30
Other	
Total	174
Check No.	
Cash	1
Collected By	NJR

12/16/03 3:26PM 000000#5959

XX02 SERV.002

#5527 BUILDING \$35.00
ELECTRIC \$35.00
PLUMBING \$25.00
FIRE \$46.00
DCR \$3.00
ZPA \$15.00
EPA \$15.00
XXXTOTAL \$174.00
CASH \$174.00
CHANGE \$0.00
12/16/03 3:26PM 000000#5959 XX02
XXXTOTAL \$174.00

NJ UCCARS 5-24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/17/2003
Date Issued 12/16/03
Control # C85-31
Permit # 03-5527

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

Block 1385-09 Lot 16 Qual
Work Site Location 681 ROLLING HILLS CT
PORCH

Owner in Fee CROCK, TIMOTHY
Address SAME
ERICK, NJ 06724-
Contractor
Address

Tele. () Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. HQ-

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

CONVERT SCREEN PORCH TO 3 SEASON PORCH
REPLACE SCREENS WITH INERWALL & WINDOWS

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 12/9/03 PM

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure

Approval

Initial

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 1,000

2. Alteration \$ 1,000

3. Total (1+2) \$ 1,000

Industrialized Building:

☐ State Approved

☐ HUD

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Other

☐ Demolition

FEE (Office Use Only)

\$

0

0

35

0

0

0

0

0

0

0

0

0

Administrative Surcharge

\$

0

Minimum Fee

\$

0

TOTAL FEE

\$

35

DCA State Permit Fee

\$

1

U.C.C. F110 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/17/2003
Date Issued 12/16/02
Control # C85-31
Permit # 03-5527

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

Block 1385.09 Lot 16 Qual
Work Site Location 681 ROLLING HILLS CT
PORCH

Owner in Fee CROER, TIMOTHY
Address SAME
BRICK, NJ 08724-
Contractor
Address

Tele. () Fax ()
Lic. No. or Eids. Reg. No.
Federal Emp. No. HQ-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
☐ No Plans Req. 1290 PM
☒ All
☐ Footing
☐ Foundation
☐ Frame
☐ Other
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elev
☐ CO ☐ CCO ☐ CA
Date:
Approved By:

INSPECTIONS
Type
Footing
Foundation
Slab
Frame
BarrierFree
Insulation
Finishes
Energy
Mechanical
TCO
Other
Final
BarrierFree

Dates (Month/Day)
Failure Failure Approval Initial

TYPE OF WORK
☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence 0 Height (exceeds 6')
☐ Sign 0 Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
Other
☐ Demolition

FEE (Office Use Only)
\$
0
0
35
0
0
0
0
0
0
0
0
0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
☐ State Approved
☐ HUD

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

CONVERT SCREEN PORCH TO 3 SEASON PORCH
REPLACE SCREENS WITH ANEWALL & WINDOWS

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 35
Paid ☐ Check #
Collected by: DCA State Permit Fee \$ 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/17/2003
Date Issued 11/14/03
Control # C85-31
Permit # 03-5537

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 1385.09 Lot 16 Qual
Work Site Location 681 ROLLING HILLS CT

PORCH

Owner in Fee CROWE, TIMOTHY

Address SAME

BRICK, NJ 08724-

Tel. [REDACTED]

Contractor [REDACTED]

Address

Tel. ()

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present

Proposed R-5

Building Sewer Size

[] Public Sewer

[] Private Septic

Water Sewer Size

[] Public Water

[] Private Well

Estimated Cost of Plumbing Work \$ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Fire [] Elevator

Plumb. Plans Approved

Date: 12/15/03

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By:

Date:

INSPECTIONS
Type Failure Dates (Month/Day)
Approval Initials

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TCO

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Paid [] Check #
Collected by: Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$ 25
DCA State Permit Fee \$

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONSUCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTIONDate Received 11/17/2003
Date Issued 11/14/03
Control # C85-31
Permit # 03-5587A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000Block 1385.09 Lot 16 Qual
Work Site Location 681 ROLLING HILLS CT

PORCH

Owner in Fee CROWE, TIMOTHY

Address SAME

BRICK NJ 08724-

Tele. [REDACTED]

Contractor [REDACTED]

Address [REDACTED]

Tele. () [REDACTED]

Lic. No. of Bldgs. Reg. No. [REDACTED]

Federal Emp. No. HO- [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present

Proposed R-5

Building Sewer Size [] Public Sewer [] Private Septic

Water Sewer Size [] Public Water [] Private Well

Estimated Cost of Plumbing Work \$ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved

Date: 12/15/03

Approved By: [REDACTED]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By: [REDACTED]

Date: [REDACTED]

INSPECTIONS
Type Failure Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TCO

[REDACTED]

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

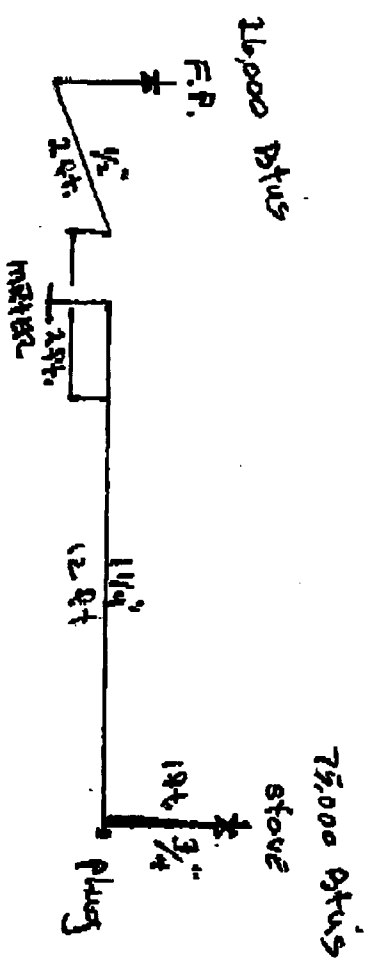
Other

Paid [] Check \$
Collected by: [REDACTED]Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 25
DCA State Permit Fee \$ 0C. 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

GAS SKETCH



20' cliff road
10' 100'
11' 4'
12' 15' 103

CB-21'

TIM CRAIG
681 Railway Mills CT
ATTN: MARK HIBBER

total BTU's - 101
total length - 16 ft.

Plumbing Plan Review Record

Work site location: 681 Rollins Ave CT

Building Description: _____

Reviewed: (Signature)

Date: 12/11/03

Correction list 

No.

Description

Code section

① - NEED GAS CONNECTION - (FOR FIREPLACE)

Coltrane

732-458-6127

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/17/2003
Date Issued 12/16/03
Control # C85-31
Permit # 03-5527

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

Block 1385.09 Lot 16 Qual
Work Site Location 681 ROLLING HILLS CT

PORCH

Owner in Fee CROWE, TIMOTHY

Address SAME
BRICK, NJ 08724-

Tele

Contractor FIREPLACES PLUS

Address 440-1 EAST BAY AVE

HANAHAWKIN, NJ 08050-

Tele. (609) 597-3473

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. 22-2858446

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr Class Present Proposed

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Elect [] Solar

[] Other

Location: Total Est Cost of Fire Prot Work \$ 1,500

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: 12-11-03

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

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

Storage Tanks

Type: [] Flammable liquid [] Combust Liquid

[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] 110V Interconnected NUMBER

[] System

Alarm Devices (smoke, heat, pulls, water/flow) 0

Supervisory Devices (tamper, low/high air) 0

Signalling Devices (horn/strobes, bells) 0

Other Devices 0

TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type

Dry Pipe/Alarm Valves 0

Pre-action Valves 0

Sprinkler Heads (Dry and Wet) 0

Standpipes 0

Pre-engineered Systems

Wet Chemical 0

Dry Chemical 0

CO2 Suppression 0

Foam Suppression 0

Halon Suppression 0

Other 0

Kitchen Hood Exhaust System 0

Smoke Control System 0

Gas [] or Oil [] Fired Appliances 0

Other FIREPLACE 46

Other 0

Administrative Surcharge \$ 0

Paid [] Check \$ Minimum Fee \$ 0

Collected by: TOTAL FEE \$ 46

DCA State Permit Fee \$ 2

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/17/2003
Date Issued 12/16/03
Control # C85-31
Permit # 03-55297

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

Block 1385.09 Lot 16 Qual
Work Site Location 681 ROLLING HILLS CT
PORCH

Owner in Fee CROWE, TIMOTHY
Address SAME
Phone NJ 98724-

Contractor FIREPLACES PLUS
Address 440-1 EAST BAY AVE
NANAHAKIN, NJ 08050-

Tele. (609) 597-3473
Lic. No. or Bldg. Reg. No.
Federal Emp. No. 22-2858446

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present Proposed R-5
Constr Class Present Proposed
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Elect [] Solar
Location:
Total Est Cost of Fire Prot Work \$ 1,500

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved
Date: 11-11-03
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:

INSPECTIONS		Dates (Month/Day)	
Type	Failure	Failure	Approval Initial
Alarm Sys			
Suppr Test			
Standpipe			
Fire Pump			
Prefing Sys			
Mechanical			
Smoke Ctl			
TCO			
Final			
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

Storage Tanks
Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LNG Capacity 0 Fuel
Alarm Systems [] 110V Interconnected NUMBER
[] System

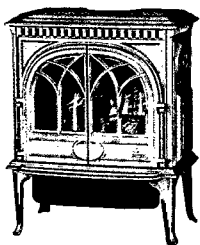
Alarm Devices (smoke, heat, pulls, water/flow) 0
Supervisory Devices (tappers, low/high air) 0
Signalling Devices (horn/strobes, bells) 0
Other Devices 0
TOTAL 0

Suppression Systems
Fire Pump 0 GPM Type
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-Engineered Systems 0
Wet Chemical 0
Dry Chemical 0
CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other 0

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas [] or Oil [] Fired Appliances 0
Other FIREPLACE 46
Other 0

Paid [] Check \$ Administrative Surcharge \$ 0
Minimum Fee \$ 0
Collected by: TOTAL FEE \$ 46
DCA State Permit Fee \$ 2

Jøtul GF 3 BV Allagash



Venting Options & Specifications

Venting	B-Vent
Heating Capacity ¹	up to 1,300 sq. ft.
Min/Max Heat Input (BTU/hr)	19,000-24,000 (NG) 19,000-24,000 (LP)
Efficiency ³	up to 86% Steady State (A.F.U.E. 73%)
Safety Features	Safety switch
Optional Blower	Yes
Optional Wall Thermostat	Yes
Optional Remote control	Yes

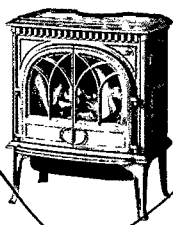
Dimensions

Height	28"
Height w/ opt. short legs	25 3/4"
Width	22 3/4"
Depth ²	17 1/2"
Weight	185 lbs.
Venting	4" B-Vent

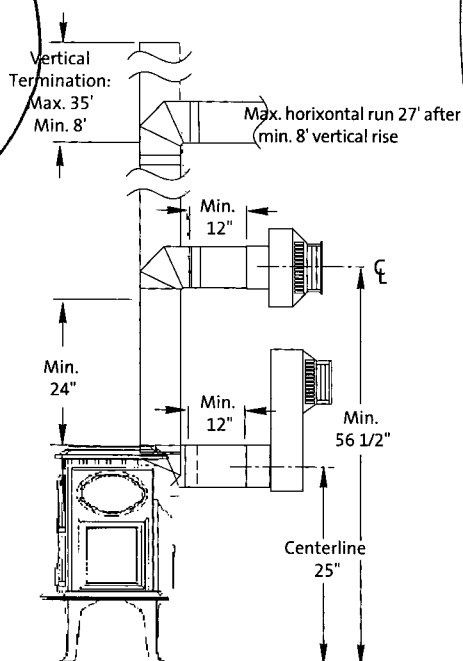
Clearances

Rear	2"
Side	4" R 10" L
Corner	3"
10" deep mantel	12"

Jøtul GF 300 DV Allagash



Venting Options & Specifications



Venting	Direct Vent
Heating Capacity ¹	Up to 1,300 sq. ft.
Min/Max Heat Input (BTU/hr)	14,000-26,000 (NG) 14,000-26,000 (LP)
Efficiency ³	up to 88% Steady State (A.F.U.E. 72.7%)
Safety Features	Sealed System
Optional Blower	Yes
Optional Wall Thermostat	Yes
Optional Remote control	Yes

Dimensions

Height	28"
Height w/ opt. short legs	25 3/4"
Width	22 3/4"
Depth ²	17 1/2"
Weight	185 lbs.
Venting	Simpson GS/ AmeriVent/Security

Clearances

Rear	2"
Side	3" R 10" L
Corner	2"
10" deep mantel	16"

Hearth Requirements

Jøtul gas stoves cannot be installed directly on carpeting, vinyl, linoleum or Pergo.

If this appliance will be installed on any combustible material other than wood, a floor pad must be installed that is either metal or wood, or a listed hearth pad. This floor protection must extend the full width and depth of the appliance. It is not necessary to remove carpeting, vinyl or linoleum from underneath the floor protection.

¹ Heating Capacity will vary depending on the design of the home, climate, operation and venting configuration.

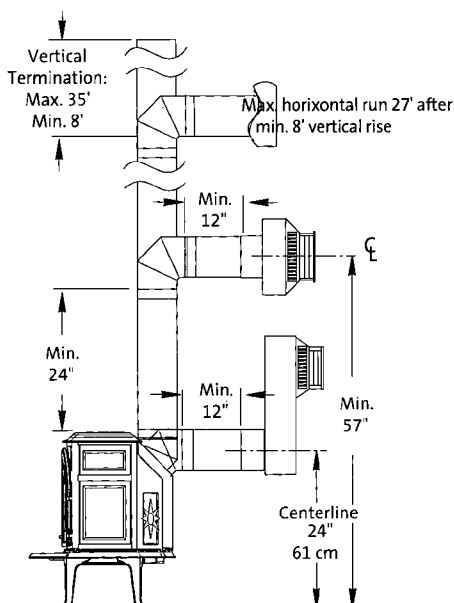
² Depth dimension includes ashlip and flue collar.

³ With maximum vent configuration

Jøtul GF 400 DV Sebago



Venting Options & Specifications



Venting
Heating Capacity¹
Min/Max Heat Input
(BTU/hr)
Efficiency³

Safety Features
Optional Blower
Optional Wall Thermostat
Optional Remote control

Dimensions

Height
Height w/ opt. short legs
Width
Depth²
Weight
Venting

Clearances

Rear
Side
Corner
10" deep mantel

Direct Vent
up to 1,500 sq. ft.
18,000-32,000 (NG)
16,000-32,000 (LP)
up to 88% Steady State
(A.F.U.E. 73%)

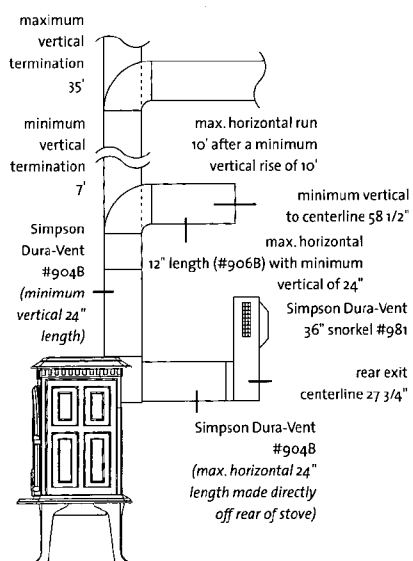
Sealed System
Yes
Yes
Yes

28 1/4"
26"
25 3/4"
18 1/2"
190 lbs.
Simpson GS/
AmeriVent/Security

Jøtul GF 600 DV Firelight



Venting Options & Specifications



Venting
Heating Capacity¹
Min/Max Heat Input
(BTU/hr)
Efficiency³

Safety Features
Optional Blower
Optional Wall Thermostat
Optional Remote control

Dimensions

Height
Height w/ opt. short legs
Width
Depth²
Weight
Venting

Clearances

Rear
Side
Corner
10" deep mantel

Direct Vent
Up to 2,000 sq. ft.
28,600-40,000 (NG)
30,000-40,000 (LP)
up to 89% Steady State
(A.F.U.E. 73.5%)

Sealed System
Yes
Yes
Yes

31"
n/a
29"
24"
260 lbs.
Simpson GS/
AmeriVent/Security

¹ Heating Capacity will vary depending on the design of the home, climate, operation and venting configuration.

² Depth dimension includes ashlip and flue collar.

³ With maximum vent configuration



Warranty

Our 5 year warranty: a cast iron promise of quality. Jøtul guarantees the quality of its cast iron components against any defects in materials or workmanship for five years, subject to the exclusions and limitations noted on our warranty. For complete details, ask your Authorized Jøtul Dealer.

Installation

Specifications and dimensions published in this brochure are intended to be used as guidelines for comparison only. Always consult the owner's manual in planning any installation. Specifications and dimensions are subject to change without notice. Contact local building or fire officials regarding restrictions and installation inspection requirements in your area.

Photographs

Some settings for the photographs are for aesthetic purposes only and may not comply with installation requirements. Materials, specifications, accessories, colors, and models are subject to change without notice. Some models are shown with optional accessories.

BTU ratings are to be used as a guideline only, and do not imply a guarantee of the heating capacity of the unit.

Ask your authorized Jøtul Dealer about our full line of cast iron wood and gas stoves,
inserts and fireplaces.

Authorized Jøtul Dealer

FIREPLACES PLUS, INC.
440-1 East Bay Avenue
Manahawkin, NJ 08050
(609) 587-FIRE

Jøtul North America
400 Riverside Street
P.O. Box 1157
Portland, Maine 04104

www.jotulflame.com


JØTUL®

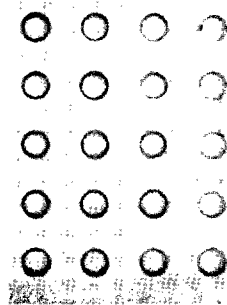
VEDNØR 1820



The Convenience of Gas

For those who love everything about a wood fire but choose not to heat with wood, Jøtul offers an elegant solution: beautiful cast iron free standing stoves fueled by natural gas or propane. Now you can have the warmth and comfort you crave...the crafted attention to detail you demand...with the ease and clean-burning convenience of gas.

Our high efficiency gas models offer unprecedented style and performance. Beautiful flames dance on a glowing set of realistic ceramic logs. The quality and craftsmanship are what you would expect of fine furniture. You'll enjoy optimum heating efficiency and whisper-quiet operation...plus innovative venting options for unparalleled installation flexibility.



Innovative Technology

Jøtul gas stoves are available in a variety of venting configurations to meet every installation need. We offer innovative direct vent technology that uses outside air for combustion and vents directly through any outside wall or through an existing chimney...state-of-the-art heat exchange...high efficiency...and the most versatile venting window in the industry. Jøtul also offers zero clearance free standing gas stoves (an industry pioneer!), inserts and fireplaces.

Environmental Commitment

Jøtul's dedication to protecting the natural environment is inherent in everything we do. Our state-of-the-art foundry in Fredrikstad, Norway runs on clean hydroelectric power that creates no pollution. And, all Jøtul stoves are made of the highest quality 100% recycled cast iron — strong enough to last for generations.

Contents

Jøtul Classic Gas Line	4
Jøtul GF 100 DV Nordic QT	6
Jøtul GF 200 DV Lillehammer	8
Jøtul GF 3 BV Allagash	10
Jøtul GF 300 DV Allagash	12
Jøtul GF 400 DV Sebago	14
Jøtul GF 600 DV Firelight	16
Technical Specifications	16

Jøtul GF 100 DV Nordic QT

Direct Vent Gas Stove

Using a Norwegian sweater pattern design, Jøtul's most compact freestanding gas stove – the Jøtul GF 100 DV Nordic QT – offers zero clearance for easy, low cost installations. We thought that it made a lot of sense to be able to enjoy the warming log flame in a bedroom or bathroom, perhaps – especially when venting is so flexible and inexpensive. Options like a wall thermostat, mobile home approved floor bracket kit, remote control, a choice of three enamel colors and our new Jøtul Iron™ or Matte Black Paint enhance an already user-friendly heating system. "What a cutie!"

Options

- Wall thermostat
- Remote control
- Floor bracket kit (for mobile home installations)
- Choice of three enamel colors
- Jøtul Iron™ or Matte Black Paint



Features

- Realistic one-piece ceramic fiber log set burns with the warm glow of a real wood fire; no unsightly visible burner parts
- No electricity required to operate
- Zero clearance rear vent capability
- Ability to corner vent without snorkel or tall cap
- Ability to rear vent directly through wall
- Large fire viewing area
- Durable, furniture quality cast iron construction

ON/OFF/Thermostat switch

- Natural convection for increased air circulation
- Vent restrictors included for vertical terminations
- Conversion kit included with stove for use with propane gas
- Mobile home & bedroom approved
- 5 year limited warranty

Classic Matte Black Paint



Jøtul Iron™ Paint



Blue/Black Porcelain Enamel

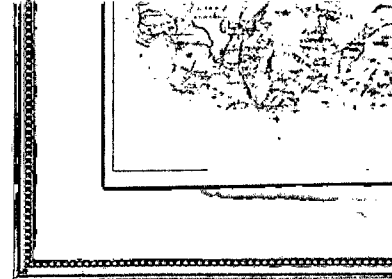


Forest Green Porcelain Enamel



Ivory Porcelain Enamel





Jøtul GF 100 DV Nordic QT

*Jøtul GF 100 DV Nordic QT shown here
installed on a Hearth Classics by Yoder
mantel and hearthpad combination*

Jøtul GF 200 DV Lillehammer

Direct Vent Gas Stove

The Jøtul GF 200 DV Lillehammer is perfect for your bedroom...or any other room in your home. This stove presents a more formal look with its strong arch framing the fire. As one of the only zero clearance direct vent freestanding gas stoves in the industry, the Jøtul GF 200 DV Lillehammer offers one of the most flexible and least expensive venting solutions on the market today. Options available for the Lillehammer are: wall thermostat, mobile home approved floor bracket kit, remote control, two leg styles and sizes, and a choice of three enamel colors or our new Jøtul Iron™ or Matte Black Paint.

Options

Wall thermostat

Remote control

Floor bracket kit (for mobile home installations)

Two leg styles and sizes (see page 16)

Choice of three enamel colors

Jøtul Iron™ or Matte Black Paint



Features

Solid cast iron front with Jøtul's signature Gothic arch design provides a large fire viewing area

Ability to rear vent directly through the wall (no snorkel or tall cap required)

Conversion kit included with stove for use with propane gas

One piece ceramic fiber log set burns with the realistic glow of a wood fire

Vent restrictors included for vertical terminations

No electricity required;
easy-to-operate ignition system

Mobile home & bedroom
approved

5 year limited warranty

Classic Matte Black Paint



Jøtul Iron™ Paint



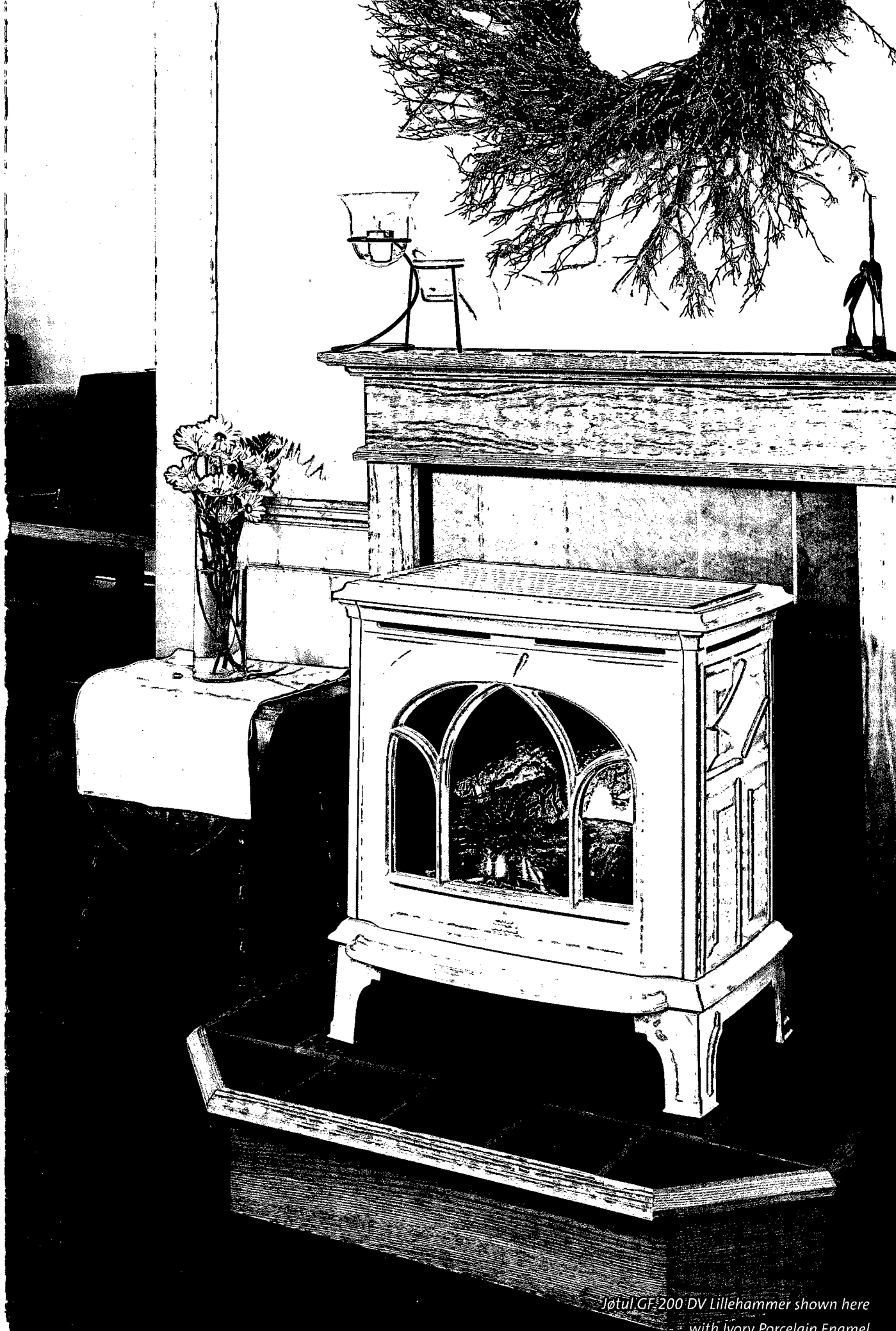
Blue/Black Porcelain Enamel



Forest Green Porcelain Enamel



Ivory Porcelain Enamel



Jøtul GF 200 DV Lillehammer

Jøtul GF 200 DV Lillehammer shown here
with Ivory Porcelain Enamel

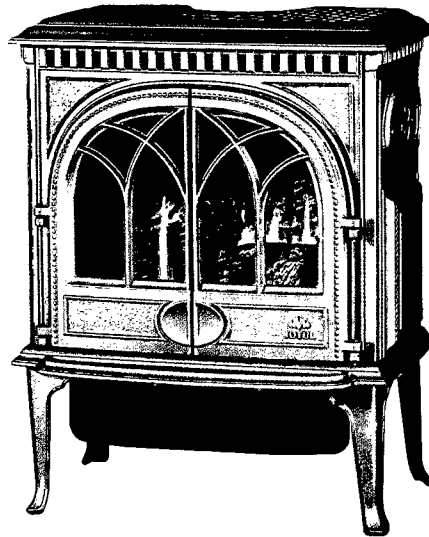
Jøtul GF 3 BV Allagash

B-Vent Gas Stove

Jøtul's often imitated open door fire viewing feature has been incorporated into the Jøtul GF 3 BV Allagash B-vent gas stove. With handsome detailing and energy efficient operation, the Jøtul GF 3 BV Allagash makes a warm, welcome addition to your hearth and home and is easily retrofitted to your woodstove hearth. Options available for the Allagash are: wall thermostat, remote control, blower fan kit, fire screen for open door viewing, a short leg kit for fireplace installations, a choice of three enamel colors and Jøtul Iron™ or Matte Black Paint.

Options

- Wall thermostat
- Remote control
- Top plate filler (for rear exit installations)
- Blower fan kit
- Screen for open door fire viewing
- Short leg kit for fireplace installations
(reduces height by 2 1/4")
- Choice of three enamel colors
- Jøtul Iron™ or Matte Black Paint



Features

- Realistic one-piece ceramic fiber log set burns with the warm glow of a real wood fire
- Standard reversible flue collar for top or rear exit capability
- Large fire viewing area with open door capability – an industry pioneer!
- Durable, furniture quality cast iron construction
- ON/OFF/Thermostat switch
- Natural convection for increased air circulation

No electricity required to operate stove

Conversion kit included with stove for use with propane gas

5 year limited warranty

Classic Matte Black Paint



Jøtul Iron™ Paint



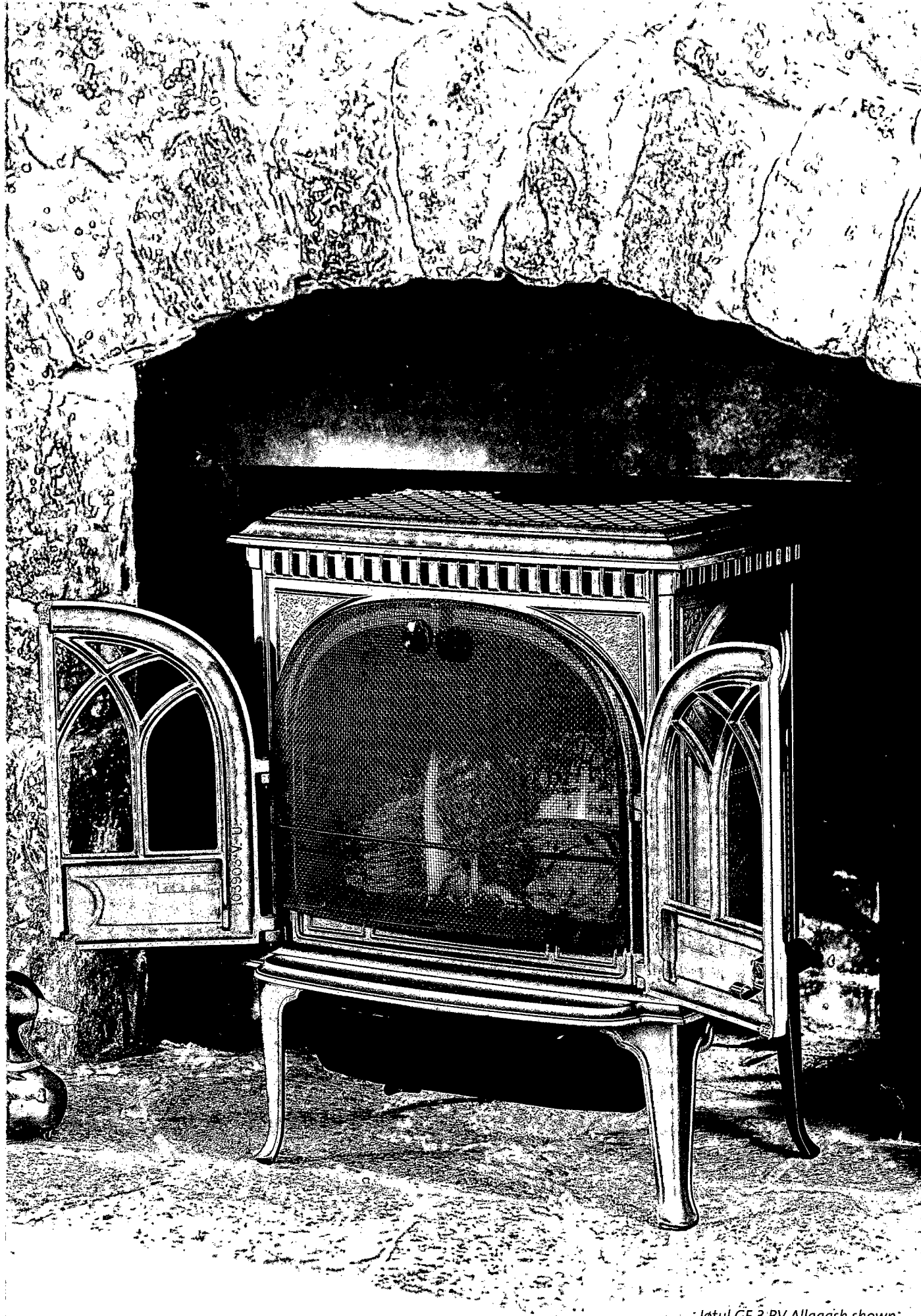
Blue/Black Porcelain Enamel



Forest Green Porcelain Enamel



Ivory Porcelain Enamel



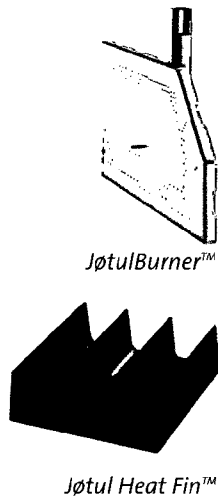
Jøtul GF 3 BV Allagash

Jøtul GF 3 BV Allagash shown
here with Jøtul Iron™ Paint
and optional fire screen

Jøtul GF 300 DV Allagash

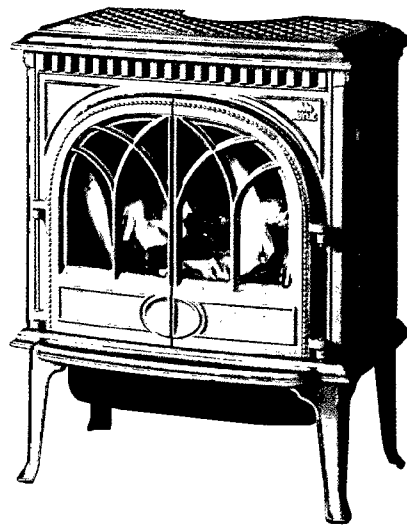
Direct Vent Gas Stove

As rugged as the wilderness waterway that bears its name, the Jøtul GF 300 DV Allagash presents the perfect union of efficiency and beauty. Its classic lines and Gothic arch styling frame a hand-crafted logset, flame and glowing embers with a realism unrivaled in the hearth industry. Fueled by the quiet durability of our revolutionary new cast iron and stainless steel burner - the JøtulBurner™, this stove is created to endure. Incorporating Jøtul Heat Fin™ technology, no other stove this size heats with such efficiency. With its 50% heat control turn down capability, the Jøtul GF 300 DV Allagash fulfills the heat requirements of a variety of living spaces. Options include an Antique Brick Panel Kit, wall thermostat, remote control, mobile home approved floor bracket kit, variable speed blower kit, fire screen for open door viewing, a short leg kit for fireplace installations, a choice of three enamel colors and Jøtul Iron™ or Matte Black Paint.



Options

- Antique Brick Panel Kit (molded from real brick)
- Wall thermostat
- Remote control
- Floor bracket kit (for mobile home installations)
- Variable speed blower fan kit
- Screen for open door fire viewing
- Short leg kit for fireplace installations
(reduces height by 2 1/4")
- Choice of three enamel colors
- Jøtul Iron™ or Matte Black Paint



Features

- Revolutionary new JøtulBurner™ delivers unsurpassed gas burner technology and flame picture realism
- Handcrafted ceramic fiber log set burns with the warm glow of a real wood fire
- Standard reversible flue collar for top or rear exit capability
- Large fire viewing area with open door capability – an industry pioneer!
- Durable, furniture quality cast iron construction
- ON/OFF/Thermostat switch

Natural convection for increased air circulation

Vent restrictors included for vertical terminations

Jøtul Heat Fin™ technology means great heating capacity with a minimum of heat loss

No electricity required to operate stove

Conversion kit included with stove for use with propane gas

5 year limited warranty

Classic Matte Black Paint



Jøtul Iron™ Paint



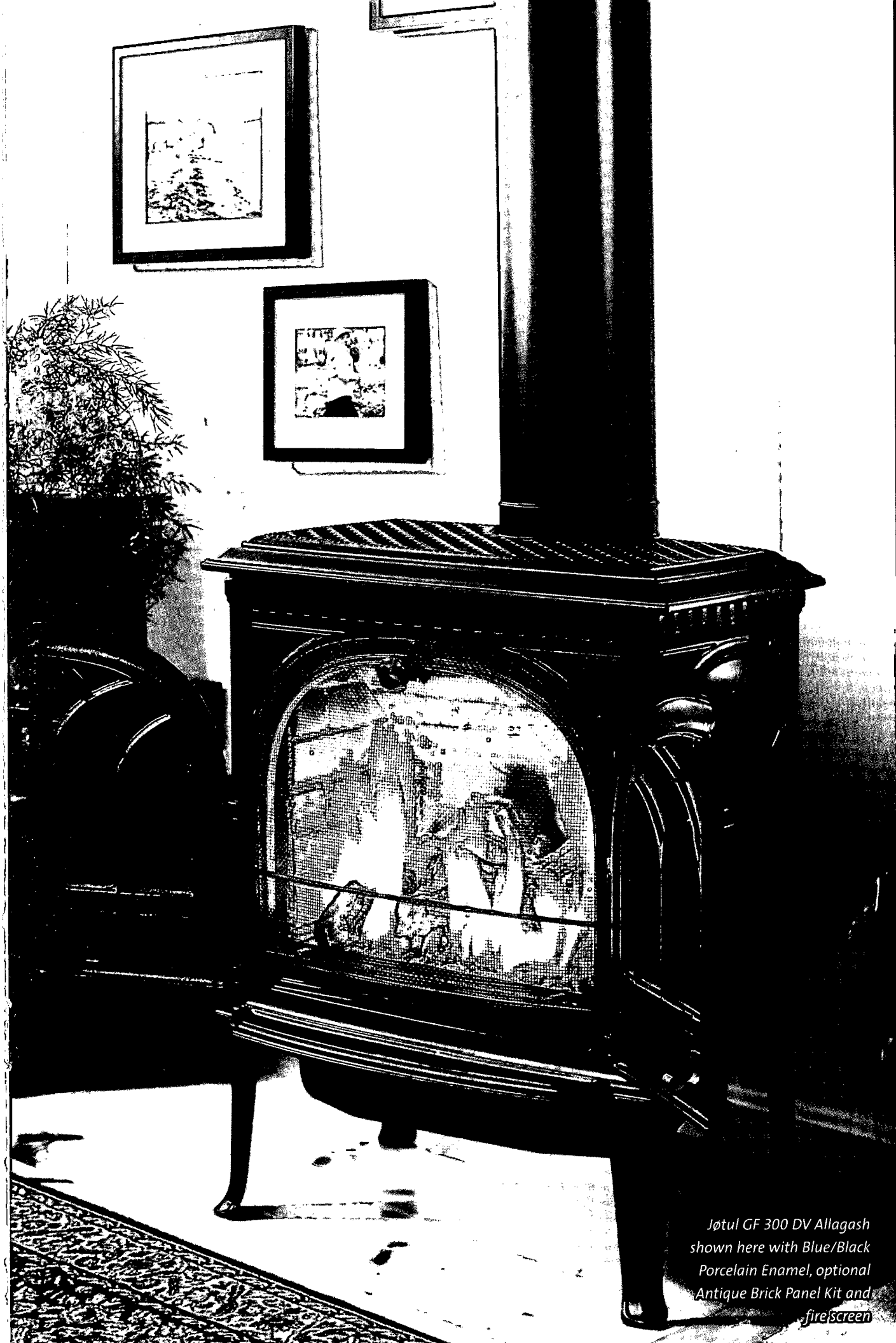
Blue/Black Porcelain Enamel



Forest Green Porcelain Enamel



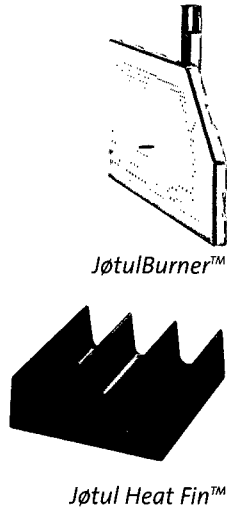
Ivory Porcelain Enamel



Jøtul GF 300 DV Allagash

Jøtul GF 300 DV Allagash
shown here with Blue/Black
Porcelain Enamel, optional
Antique Brick Panel Kit and
fire screen

Jøtul GF 400 DV Sebago

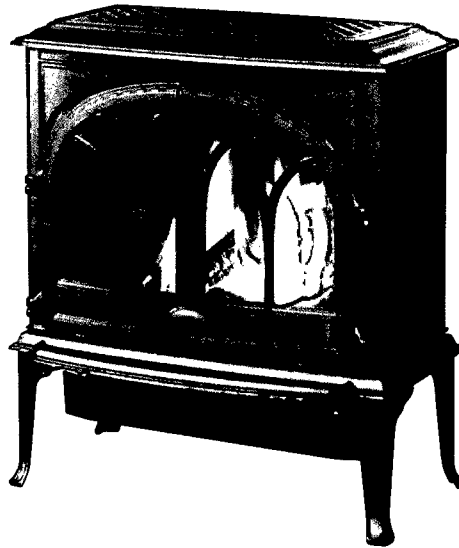


Direct Vent Gas Stove

Beauty and efficient operation come alive within the Jøtul GF 400 DV Sebago. Handsomely detailed in cast iron, this stove's nautical styling recalls the coves and shores of Lake Sebago, locked between the ocean and the mountains of Maine. A new edition to the Jøtul Family, this stove incorporates our innovative new cast iron and stainless steel JøtulBurner™ - a revolution in gas flame technology. Our Jøtul Heat Fin™ technology delivers maximum efficiency and minimal heat loss, plus a 50% heat control turndown provides a wide range of heating capacity. With a hand-crafted logset and with options such as an Antique Brick Panel Kit, a variable speed blower fan kit, short leg kit for fireplace installations, screen for open door fire-viewing, a choice of three enamel colors and Jøtul Iron™ or Matte Black Paint, this stove presents the perfect focal point for any living space.

Options

- Antique Brick Panel Kit (molded from real brick)
- Wall thermostat
- Remote control
- Floor bracket kit (for mobile home installations)
- Variable speed blower fan kit
- Screen for open door fire viewing
- Short leg kit for fireplace installations
(reduces height by 2 1/4")
- Choice of three enamel colors
- Jøtul Iron™ or Matte Black Paint



Features

- Revolutionary new JøtulBurner™ delivers unsurpassed gas burner technology and flame picture realism
- Handcrafted ceramic fiber log set burns with the warm glow of a real wood fire
- Standard reversible flue collar for top or rear exit capability
- Large fire viewing area with open door capability – an industry pioneer!
- Durable, furniture quality cast iron construction
- ON/OFF/Thermostat switch
- Natural convection for increased air circulation

Vent restrictors included for vertical terminations

Jøtul Heat Fin™ technology means great heating capacity with a minimum of heat loss

No electricity required to operate stove

Conversion kit included with stove for use with propane gas

5 year limited warranty

Classic Matte Black Paint



Jøtul Iron™ Paint



Blue/Black Porcelain Enamel



Forest Green Porcelain Enamel



Ivory Porcelain Enamel



Jøtul GF 400 DV Sebago

Jøtul GF 400 DV Sebago shown
here with Jøtul Iron™ Paint,
Antique Brick Panel Kit and
optional fire screen

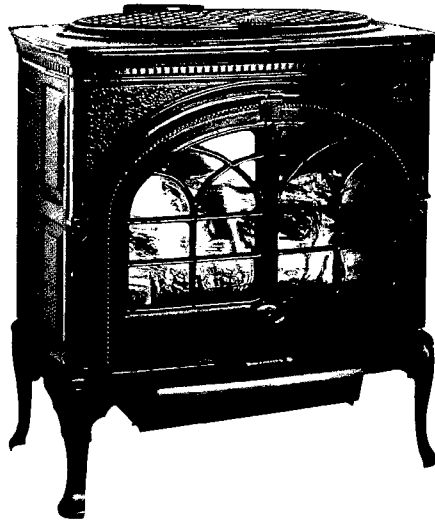
Jøtul GF 600 DV Firelight

Direct Vent Gas Stove

A warm, wonderful centerpiece for hearth and home. This furniture quality cast iron gas stove features the largest open door fire viewing area of any gas stove in the industry. The Jøtul GF 600 DV Firelight offers our patented double door design with Gothic arch demonstrating why our pattern making capability and Norwegian foundry allows us to do what our competitors cannot. Options available to complete your ideal stove package: fire screen for open door viewing, wall thermostat, remote control, mobile home approved floor bracket kit, a forced air blower kit, and a choice of three enamel colors, Jøtul Iron™ or Matte Black Paint.

Options

- Screen for open door fire viewing
- Wall thermostat
- Remote control
- Floor bracket kit (for mobile home installations)
- Blower fan kit
- Choice of three enamel colors
- Jøtul Iron™ or Matte Black Paint



Features

- Versatile venting window – 2 foot minimum vertical or straight back with snorkel
- Graceful double doors and ceramic glass provide a spectacular flame picture
- Largest fire viewing area available in a freestanding gas stove with open door fire viewing
- Spectacular four piece ceramic fiber log set burns with the realistic glow of a real wood fire
- Conversion kit included with stove for use with propane gas

No electricity required; easy-to-operate ignition system

ON/OFF/Thermostat switch

Standard reversible Dura-Vent starter collar (4" x 6 5/8") provided

Vent restrictors included for vertical terminations

Mobile home & bedroom approved

5 year limited warranty

Classic Matte Black Paint



Jøtul Iron™ Paint



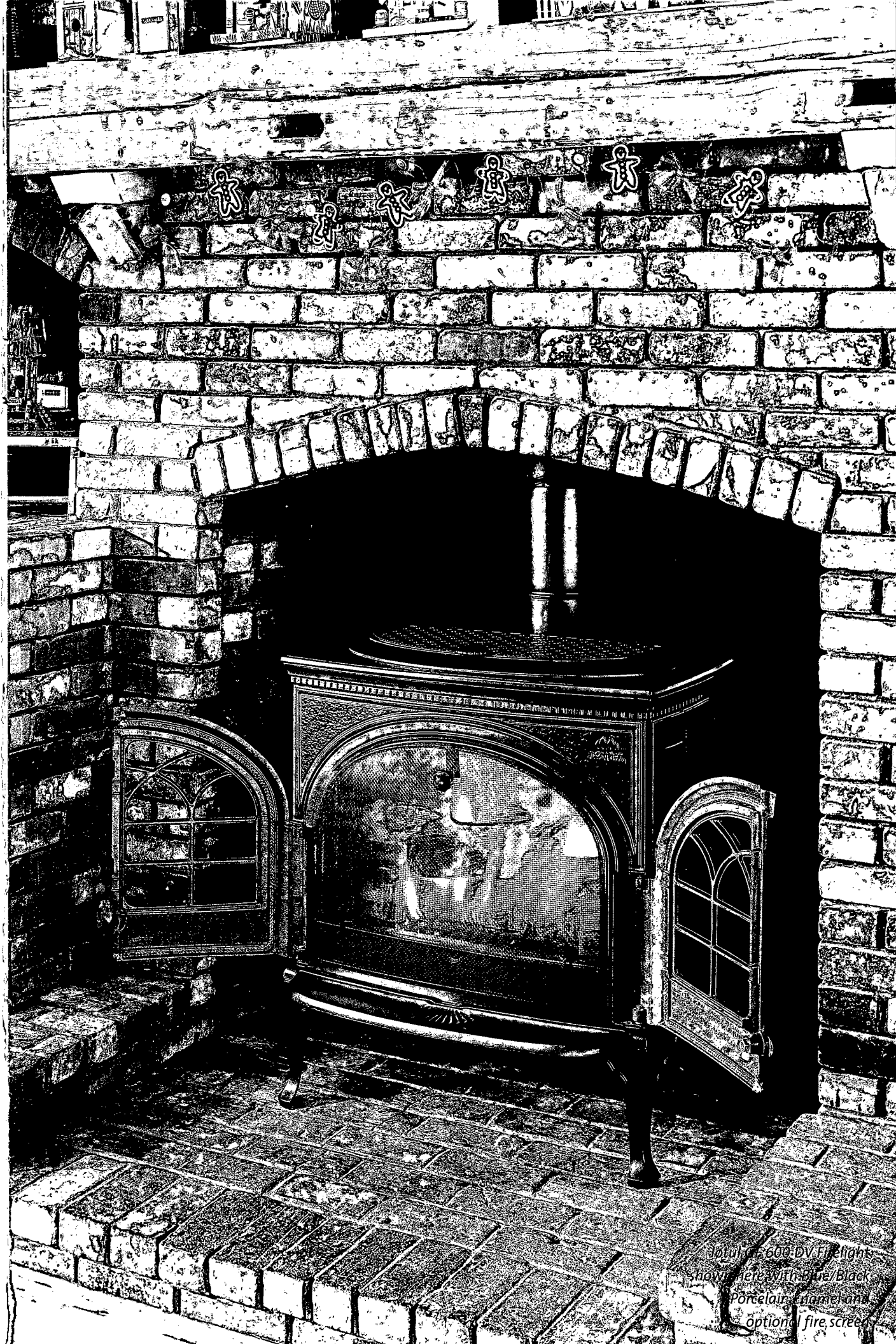
Blue/Black Porcelain Enamel



Forest Green Porcelain Enamel



Ivory Porcelain Enamel



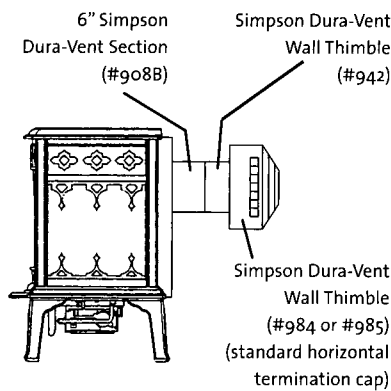
Jøtul GF 600 DV Firelight

Jøtul GF 600 DV Firelight
shown here with Blue/Black
Porcelain Enamel and
optional fire screen

Jøtul GF 100 DV Nordic QT



Venting Options & Specifications



Minimum horizontal venting
Other venting options available

Venting
Heating Capacity¹
Min/Max Heat Input (BTU/hr)
Efficiency³

Safety Features
Optional Blower
Optional Wall Thermostat
Optional Remote control

Direct Vent
Up to 600 sq. ft.
10,600-14,500 (NG)
10,900-14,000 (LP)
up to 86% Steady State (A.F.U.E. 72.7%)
Sealed System
No
Yes
Yes

Dimensions
Height
Height w/ opt. short legs
Width
Depth²
Weight
Venting

22 1/4"
n/a
21"
15 1/4"
150 lbs.
Simpson GS/
AmeriVent/Security

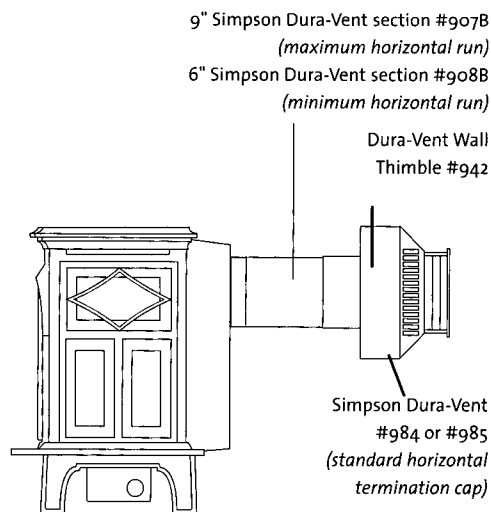
Clearances
Rear
Side
Corner
10" deep mantel

0" (zero clearance)
3" R 10" L
2"
16"

Jøtul GF 200 DV Lillehammer



Venting Options & Specifications



Other venting options available

Venting
Heating Capacity¹
Min/Max Heat Input (BTU/hr)
Efficiency³

Safety Features
Optional Blower
Optional Wall Thermostat
Optional Remote control

Direct Vent
up to 800 sq. ft.
13,500-18,000 (NG)
13,500-18,000 (LP)
up to 87% Steady State (A.F.U.E. 73%)
Sealed System
No
Yes
Yes

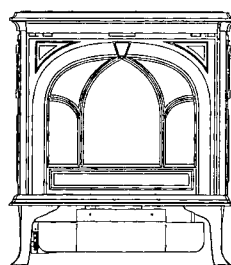
Fireplace Dimensions
Height
Height w/ opt. short legs
Width
Depth²
Weight
Venting

24"
n/a
22 3/4"
18 1/2"
190 lbs.
Simpson GS/
AmeriVent/Security

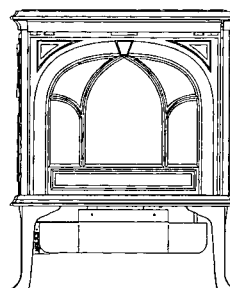
Clearances
Rear
Side
Corner
10" deep mantel

0" (zero clearance)
2" R 10" L
2"
10"

Leg Styles & Sizes



5 3/4" Leg Option



8" Leg Option

¹ Heating Capacity will vary depending on the design of the home, climate, operation and venting configuration.

² Depth dimension includes ashlip and flue collar.

³ With maximum vent configuration

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

Block 1385.09 Lot 16 Qual
Work Site Location 681 ROLLING HILLS CT
PORCH

Owner in Fee CROWE, TIMOTHY
Address SAME
BRICK, NJ 08724-

Tel. [REDACTED]
Contractor [REDACTED]
Address [REDACTED]

Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HQ-

B. ELECTRICAL CHARACTERISTICS
Use Group - Present Proposed R-5
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved

INSPECTIONS
Type Rough
Temp Serv
Const Serv
TCO
Other
Service
Final

Dates (Month/Day)
Failure Approval Initial

Date: 12/16/03
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA			FEE (Office Use Only)	
NO.	SIZE	ITEM		
0		Lighting Fixtures		
8		Receptacles		
0		Switches		
0		Detectors		
0		Light Poles		
0		Motors-Fract HP		
0		Emergency & Exit Lights		
0		Communications Points		
0		Alarm Devices/F.A.C. Panel		
8		TOTAL NUMBERS		35
0		Pool Permit/with UW Lights		0
0		Storable Pool/Spa/Hot Tub		0
0		KW Elect Range/Receptacle		0
0		KW Oven/Surface Unit		0
0		KW Elect Water Heater		0
0		KW Elect Dryer/Receptacle		0
0		KW Dishwasher		0
0		HP Garbage Disposal		0
0		KW Central A/C Unit		0
0		HP/KW Space Heater/Air Handler		0
0		Baseboard Heat		0
0		HP Motors 1/+ HP		0
0		KW Transformer/Generator		0
0		AHP Service		0
0		AHP Subpanels		0
0		AHP Motor Control Center		0
0		KW Elect Sign/Outline Light		0
0		Other		0
0		Other		0

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 35
DCA State Permit Fee \$ 0

Paid [] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONSUCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTIONDate Received 11/17/2003
Date Issued 12/16/03
Control # C85-31
Permit # 03-5527A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000Block 1385.09 Lot 16 Qual
Work Site Location 681 ROLLING HILLS CT
PORCHOwner in Fee CROWE, TIMOTHY
Address SAME

BRICK, NJ 08724-

Tele. [REDACTED]

Contr. [REDACTED]

Address [REDACTED]

Tele. () [REDACTED]

Lic. No. or Bldrs. Reg. No. [REDACTED]

Federal Emp. No. HQ- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

D. TECHNICAL SITE DATA

NO. SIZE ITEM

Lighting Fixtures 0

Receptacles 8

Switches 2

Detectors 0

Light Poles 0

Motors-Fract HP 0

Emergency & Exit Lights 0

Communications Points 0

Alarm Devices/F.A.C. Panel 0

TOTAL NUMBERS 8

Pool Permit/with UW Lights 0

Storable Pool/Spa/Hot Tub 0

KW Elect Range/Receptacle 0

KW Oven/Surface Unit 0

KW Elect Water Heater 0

KW Elect Dryer/Receptacle 0

KW Dishwasher 0

HP Garbage Disposal 0

KW Central A/C Unit 0

HP/KW Space Heater/Air Handler 0

Baseboard Heat 0

HP Motors 1/+ HP 0

KW Transformer/Generator 0

AUP Service 0

AUP Subpanels 0

AUP Motor Control Center 0

KW Elect Sign/Outline Light 0

Other 0

Other 0

FEE (Office Use Only)

35

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

35

0

Administrative Surcharge \$

Minimum Fee \$

TOTAL FEE \$

DCA State Permit Fee \$

Paid [] Check #

Collected by:

C. CERTIFICATION IN LIEU OF OATH

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

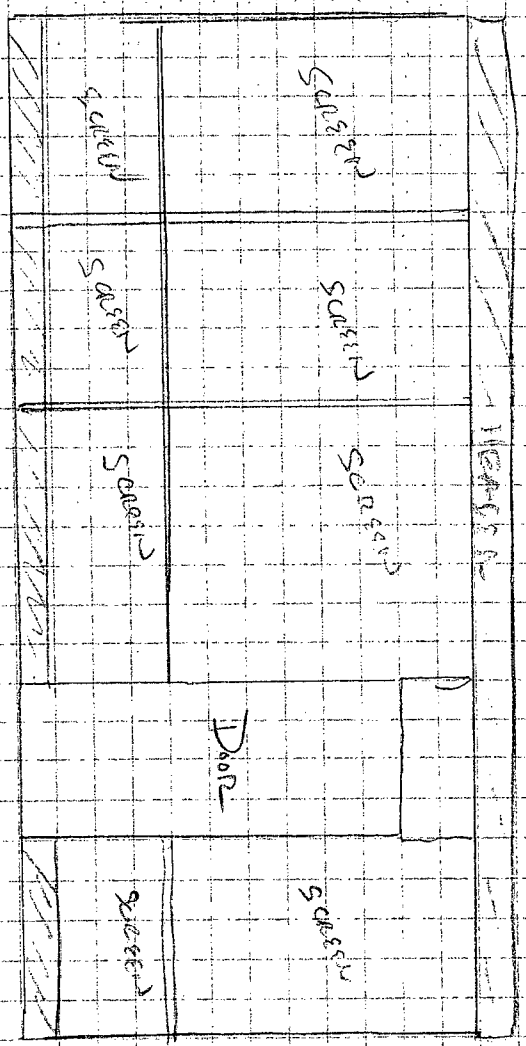
Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant

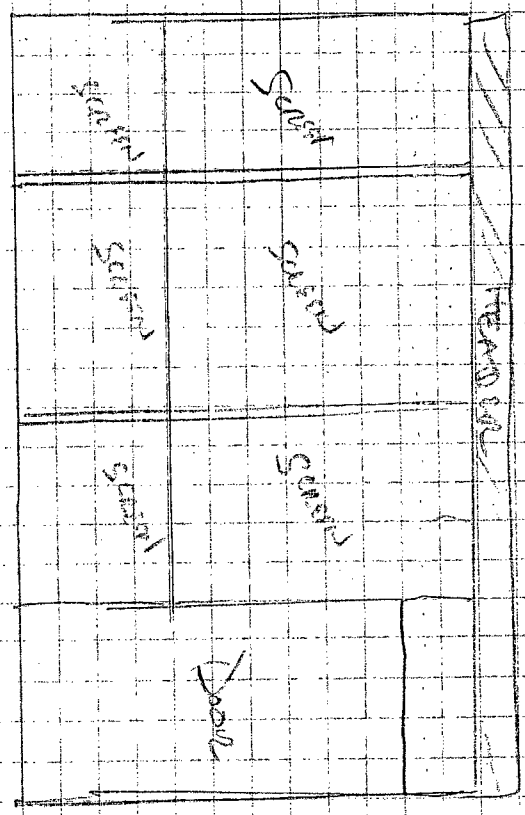
Trans CROUSE 681 Rolling Hills Court.

B E F O R E

WALL 1

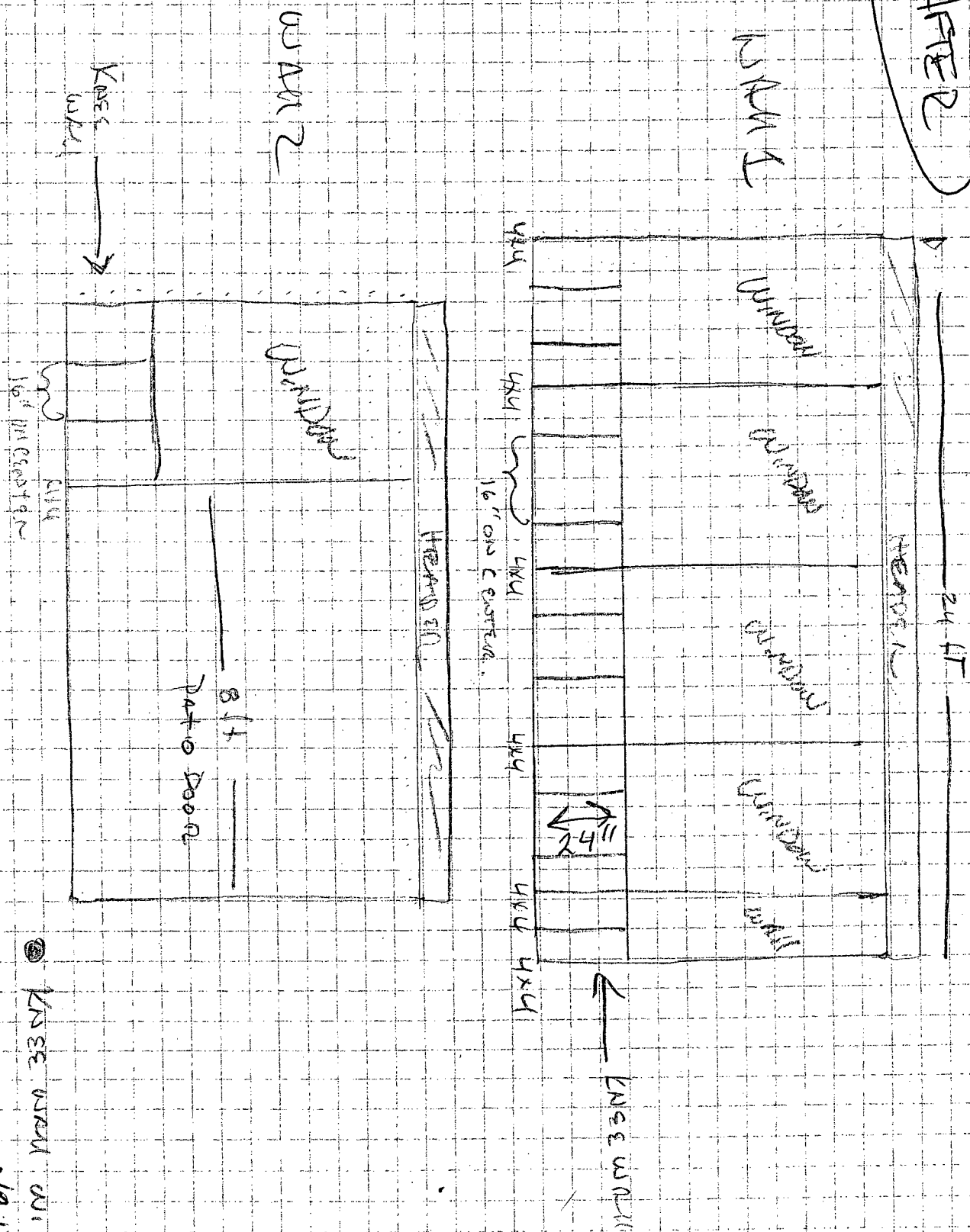


WALL 2



Can

244



34111 DE 3337

Insulated w/ 213

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401. CHAMBERS BRIDGE ROAD • BRICK, NJ 08723



Joseph C. Scarpelli, Mayor

Township Council:

Kimberley S. Casten — President
Stephen C. Acropolis
Gregory S. Kavanagh
Leon C. Mowadla
Kathy M. Russell
Anthony R. Shupin
Frederick J. Underwood, Sr.

Township of Brick
(732) 262-1000
Fax: (732) 920-4850
<http://www.twp.brick.nj.us>

Date: 11-17-03

Block: 1385.09 Lot: 16

Property Address: 681 ROLLING HILLS CT

I, T. CROWE of SAME
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 12/8/03

Signed: _____

Rejected on: _____

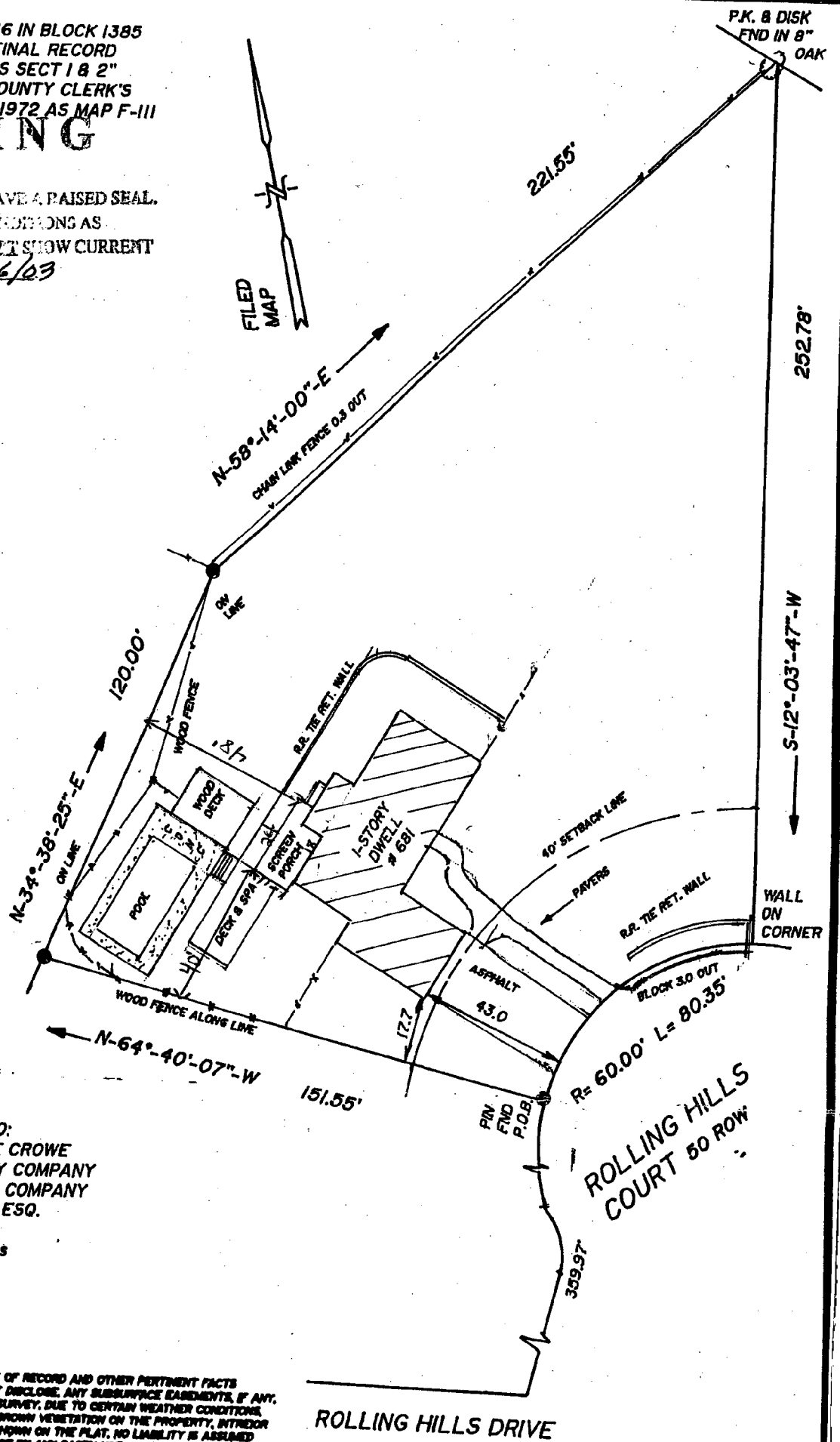
Signed: _____

Comments:

BEING KNOWN AS LOT 16 IN BLOCK 1385
ON A MAP ENTITLED "FINAL RECORD
PLAT OF ROLLING HILLS SECT 1 & 2"
FILED IN THE OCEAN COUNTY CLERK'S
OFFICE ON AUGUST 21, 1972 AS MAP F-III

WARNING

AS PER N.J.A.C. 17:27-8.1
THIS PLAN DOES NOT HAVE A RAISED SEAL.
THIS PLAN REFLECTS CONDITIONS AS
OF 11/16/99 AND MAY NOT SHOW CURRENT
CONDITIONS AS OF 4/26/03



THIS SURVEY CERTIFIED TO:
TIMOTHY CROWE and DIANE CROWE
STEWART TITLE GUARANTY COMPANY
GENERAL LAND ABSTRACT COMPANY
MICHELE CRISPI-MOLONEY, ESQ.
MANASQUAN SAVING BANK,
Its successors and/or assigns

THIS SURVEY SUBJECT TO ANY EASEMENT OF RECORD AND OTHER PERTINENT FACTS
WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE, ANY SUBSURFACE EASEMENTS, IF ANY,
NOT VISIBLE ARE NOT LOCATED BY THIS SURVEY, DUE TO CERTAIN WEATHER CONDITIONS,
I.E. ICE AND/OR SNOW AND/OR THE OVERGROWN VEGETATION ON THE PROPERTY, INTERIOR
SIDEWALKS AND/OR PATIOS MAY NOT BE SHOWN ON THE PLAT, NO LIABILITY IS ASSUMED
BY THE CERTIFYING SURVEYOR FOR THE USE BY ANY PARTY NOT SHOWN IN THE
CERTIFICATION. THE WORK PRODUCT OF THE SURVEYOR CONSTITUTES AS OPINION OF THE
LAND SURVEYOR AS TO THE NATURE AND QUALITY OF THE PROPERTY SURVEYED, HOWEVER,
THAT CERTIFICATION DOES NOT CONSTITUTE A WARRANTY, EITHER EXPRESS OR IMPLIED,
AS TO THE ABSOLUTE CORRECTNESS OF THE INFORMATION PRESENTED IN SUCH SURVEY.

Charles O'Malley
CHARLES O'MALLEY, P.L.S.
PROFESSIONAL LAND SURVEYOR
NEW JERSEY LIC. No. 34871
908 RIVERVIEW DRIVE
BRIELLE, NEW JERSEY, 08730
(732) 223-3141

PLAN OF SURVEY

LOT 16 BLOCK 1385.09
TOWNSHIP OF BRICK
OCEAN COUNTY
NEW JERSEY

DRAWN BY C.O.M.	CHD BY	FILE NO. 99-5869	DATE 11/16/99	SCALE 1"=40'
--------------------	--------	---------------------	------------------	-----------------

12-8-3 K

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 681 Rolling Hills Court
 Block: 1385.09 Lot: 16
 Owner's Name: Timothy Crowe
 Owner's Mailing Address: 681 Rolling Hills Court Brick NJ 08724
 Phone: ()

BUILDING

Contractor: SELF
 Address: _____
 Phone#: _____
 Lis # _____
 Federal Emp # or SSN ~~123456~~

Technical Data

Description of Work:

CONVERT SCREEN PORCH TO
3 SEASON PORCH. REPLACE SCREENS
WITH KNEE WALL + WINDOWS.

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft
☐ Fireplace wd/gas

Building Characteristics

Use Group Present: _____ Proposed: _____
 No of Stories: _____
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Structure: _____
 Volume of New Structure: _____
 Total Land Disturbed: _____
 Cost of Alteration: \$ \$1000.00
~~\$10,000.00~~
 Cost of New Building: \$ _____
 Cost of Site Work \$ \$1000
 Total Cost of New Building Work: \$ ~~\$10,000~~

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

Signature: Timothy Crowe
 Please Print Name Timothy Crowe

ELECTRICAL

Contractor: SELF
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	<u>0</u>
Receptacles	<u>8</u>
Switches	<u>0</u>
Detectors	<u>0</u>
Light Poles	<u>0</u>
Motors w/ Fract. HP	<u>0</u>
Emergency & Exit Lights	<u>0</u>
Communication Points	<u>0</u>
Alarm Devices/FAC Panel	<u>0</u>
Total	<u>8</u>

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
 Spa/Hot Tub/Storable Pool _____
 Electric Range _____ KW
 Oven/Surface Unit _____ KW
 Electric Water Heater _____ KW
 Electric Dryer _____ KW
 Dishwasher _____ KW
 Garbage Disposal _____ HP
 A/C Unit - Central Air _____ KW
 Space Heater/Air Handler _____ KW
 Baseboard Heating _____ KW
 Motors 1+ HP _____
 Transformer/Generator _____ KW
 Light Stander _____ AMP
 Service _____ AMP
 Subpanel _____ AMP
 Motor Control Center _____ AMP
 Sign/Outline Light _____ KW
 Furnace _____
 Steam Boiler _____
 Other: _____

Estimated Cost of Electrical Work: \$200.00

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

Signature: Timothy Crowe
 Please Print Name T. Timothy Crowe

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: SELF
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping ☒	<u>100 FT (EST)</u>
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work \$250-500

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

Signature: Timothy Crowe

Please Print Name: TIMOTHY CROWE

CONTRACTOR'S SEAL

FIRE

Contractor: FIREPLACES PLUS INC
Address: 440 -1 EAST BAY AVE
MANAUAUKIN NJ 08050
Phone #: 609-597-3473
Lis #: _____
Federal Emp # or SSN 222-858-446

Technical Data

Description of Work:

Heating Type: ☒ Gas ☒ Oil ☐ Electric ☐ Solar
Heating System is ☒ New ☐ Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks	_____	capacity	_____	fuel
Combustible Storage Tanks	_____	capacity	_____	fuel
LPG Storage Tanks	_____	capacity	_____	fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) ☒
Gas Fireplace ☒
Gas Logs _____
Total Appliances 1

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work \$1500-\$1800

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

Signature: Timothy Crowe

Print Name: TIMOTHY CROWE

**Township of Brick
Zoning Permit**

Approved: Friday, December 05, 2003 **Number:** 2027

Block 1385.09 **Lot** 16 **Zone:** R-20

Property Address: 681 Rolling Hills Court

Applicant: Timothy Crowe

Property Owner: Timothy Crowe

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

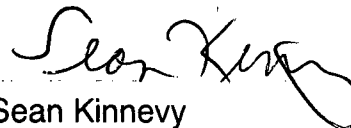
Proposed Construction: Enclose screen porch, 11' x 24', convert to three season sunroom same height.

Conditions: An additional permit is required for additional work.

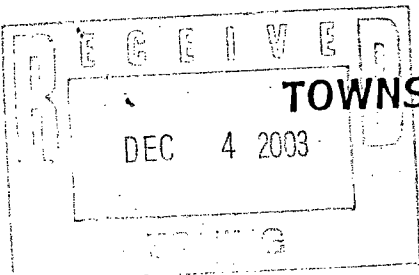
This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been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



Michael P. Fowler, AICP/PP
Municipal Planner



Sean Kinnevy
Zoning Officer



TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1385.09 LOT 16 QUALIFIER _____
PROPERTY ADDRESS 681 Rolling Hills Court
PERSONAL NAME OF APPLICANT Timothy Crowe
BUSINESS NAME OF APPLICANT _____
MAILING ADDRESS OF APPLICANT 681 Rolling Hills Court Brick NJ 08724
PROPERTY OWNER'S FULL NAME Timothy Crowe
PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration _____
☐ Porch or deck - Height _____
☐ Shed - Height _____ Height _____
☐ Fence - Type _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) convert screen porch to 3 season porch

CHECKLIST

- ☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Timothy Crowe Date 11/26/2003
Reviewed by Zoning Office _____ Date 12/5/03 Approved () Denied

458-6127

Fireplaces and Wood Burning Stoves

Fireplaces:

*Gas Fireplaces

- Fire Permit
- Plumbing Permit
- Building Permit (if it is cut into the wall or has a vent)
- Gas Pipe Diagram showing length of run and BTUs
- Brochure

*Wood Fireplaces

- Building Permit
- Fire Permit
- Brochure
- Zoning (if building a masonry chimney)
- Engineering (if building a masonry chimney)
- 2 Surveys showing setbacks and dimensions (masonry chimney)
- Cross section of foundation, hearth, and throat (masonry chimney)

*Gas Logs

- Fire Permit
- Plumbing
- Gas Sketch
- Brochure

Please take to
Building Inspector.
(Basement of Municipal Bldg.)

Take check book.

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FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE

(REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITY OF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

*****PLEASE READ AND SIGN*****

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: Timothy C. Moore
SIGNATURE: Timothy C. Moore DATE: 11/26/2003
BLOCK: 16 LOT: 1385.09 ADDRESS: 681 Bellvue Hills Court

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 12/16/2003
Control #
Permit # 03-5527

IDENTIFICATION Block 1385.09 Lot 16 Qual
Work Site Location 681 ROLLING HILLS CT
PORCH
Owner in Fee CROMBIE, TIMOTHY
Address SAME
BRICK, NJ 08724-
Telephone [REDACTED]
Contractor HOMEOWNER
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 ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
CONVERT SCREEN PORCH TO 3 SEASON PORCH
REPLACE SCREENS WITH KNEEWALL & WINDOWS

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 \$ 2,950

Construction Official 12/16/2003
Date

U.C.C. F170 (rev. 3/96) NJ UCCAS 5.24E

PAYMENTS (Office Use Only)
Building 35
Electrical 35
Plumbing 25
Fire Protection 46
Elevator Devices 0
Other
DCA State Permit Fee 3
Cert. of Occupancy 35
Other
Total 179
Check No.
Cash X
Collected By MJR

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 12/16/2003
Control #
Permit # 03-5527

IDENTIFICATION Block 1385.09 Lot 16 Qual _____
Work Site Location 681 ROLLING HILLS CT
PORCH
Owner in Fee CROCE, TIMOTHY
Address SAME
BRICK NJ 08724-
Telephone _____
Contractor HOME OWNER
Address _____
Telephone () _____
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. HO- _____

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☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
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Other _____
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Cash _____
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TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 12/16/2003
Control #
Permit # 03-5527

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PORCH

Owner In Fee CROOK, TIMOTHY

Address SAME

RDICK NJ 08724-

Telephone

Contractor HOMEOWNER
Address

Telephone ()

Lic. No. or Hldrs. Reg. No.

Federal Emp. No. HO-

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☒ PLUMBING

☐ LEAD HAZARD ABATEMENT

☒ ELECTRICAL

☒ FIRE PROTECTION

☐ DEMOLITION

☐ ELEVATOR DEVICES

☐ ASBESTOS ABATEMENT

☐ OTHER

(Subchapter B only)

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CONVERT SCREEN PORCH TO 3 SEASON PORCH

REPLACE SCREENS WITH KNEEWALL & WINDOWS

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Construction Official

12/16/2003
Date

U.C.C. 1170 (rev. 3/96) NJ DEAMS 5.24E

PAYMENTS (Office Use Only)

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Electrical 35

Plumbing 25

Fire Protection 46

Elevator Devices 0

Other

DCA State Permit Fee 3

Cert. of Occupancy 35

Other

Total 179

Check No.

Cash

Collected By MDR

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 12/16/2003
Control #
Permit # 03-5527

IDENTIFICATION Block 1385.09 Lot 16

Work Site Location 681 ROLLING HILLS CT

PORCH

Owner in Fee CROWE, TIMOTHY

Address SAME

BRICK, NJ 08724-

Telephone

Contractor HOMEOWNER
Address

Telephone ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [X] FIRE PROTECTION [] DEMOLITION

[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER

(Subchapter B only)

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Cert. of Occupancy	35
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Total	179
Check No.	
Cash	X
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