

CONSTRUCTION PERMIT APPLICATION 011141022

Q10-W103a

IDENTIFICATION

1. Proposed Work Site at: 681 Rolling Hills Court

2. Name of Owner in Fee: Timothy/Diane Crowe

Tel. [REDACTED] e-mail _____

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

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Ad C SPRINKLER Tel. (732) 255-6000

Address 1889 Route 9 Unit 106 e-mail _____
Toms River NJ 08755

License No. OR, if new home, Builder Reg. No. 0015091 Exp. Date 1-2-11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 204187192 FAX: (732) 255-6010

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun _____

Tel. (_____) _____ FAX: (_____) _____

1.	Building	\$	110	
2.	Electrical			
3.	Plumbing		65	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	\$		
8.	Subtotal	\$		
9.	State Permit Surcharge Fee			
10.	Subtotal	\$	17	
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	\$	176	

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

☐ Minor Work	☐ New Building	☐ Addition	☐ Demolition
☐ Repair	☐ Alteration	☐ Renovation	☐ Reconstruction
☐ Asbestos Abat. -Subch. 8	☐ Lead Hazard Abatement	☐ Radon Remediation	☐ Annual Permit

(Check all that apply)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

[illegible]

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units Income-restricted

Gained, Sale	_____	_____
Gained, Rental	_____	_____
Lost, Sale	_____	_____
Lost, Rental	_____	_____

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present

Proposed

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.ix:

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 Uniform Construction Code, N.J.A.C. 5:23-2.15(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 A+C Sprinkler
Address 1889 Route 9 Unit 106
TDMS River NJ 08755
Telephone (732) 255-6000
Signature _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/23/2010
Control Number C-10-001032
Permit Number 10-1715
Permit Issue Date 07/06/2010
Certificate Number 10-1715

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 681 ROLLING HILLS CT. Brick Township, NJ Block: 1385.09 Lot: 16 Qual: _____
Owner in Fee: CROWE, TIMOTHY & DIANE
Owner Address: 681 ROLLING HILLS CT BRICK NJ 08724
Telephone: [REDACTED]
Contractor A & C LAWNS INC
Address 1889 ROUTE 9 UNIT 12 TOMS RIVER NJ 08755-
Telephone: (732) 349-0576 Fax: _____
License Number or Builders Registration Number: 0016619 Federal Emp. Number: 22-2609882

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: AUXILIARY METER, BACKFLOW PREVENTER/LAWN SPRINKLER, RAIN SENSOR

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

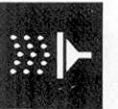
Fee: \$0.00

Check Number: _____

Collected By: _____



PLUMBING SUBCODE TECHNICAL SECTION



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 Qualification Code _____

Work Site Location 681 Rolling Hills Court

Owner in Fee: BRICK NJ 08784

Owner in Fee: TIMOTHY DIANE CROWE

Tel. _____ e-mail _____

Address SAME street municipality zip code

Contractor: A+C Speinkler Tel. (____) _____

Address 1889 Route 9 Unit 106 e-mail _____

PO Box 106 08755

Contractor License No. 0015091 Exp. Date 1-2-11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 804181192 FAX: (932) 255-6010

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 4-15-10

Approved by: AS

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: 11-18-10

Approved by: AS

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Law Sparkle

Date Received
Control #

07-06-10

Date Issued
Permit #

10-17-15

QTY.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrapp

Sewer Connection

Water Service Connection

Stacks

Other Aux meter

Other _____

FEE (Office Use Only)
\$ _____

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

7/14/10 - MP

① NO ACCESS - AREA LOCKED PLUMBING ON THE 1A



TECHNICAL SECTION
PLUMBING DIVISION





ELECTRICAL SUBCODE
TECHNICAL SECTION



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

Block 138505 Lot 1 & 2 Work Site Location 681 Rollins Hill CT Qualification Code

Owner in Fee: Buck 176 Hwy Ocean

Tel. () 681 Rollins Hill e-mail CR

Address 1885 SPANGLER ST Tel. (732) 255-6000

Contractor License No. 061509 Exp. Date 1-2-11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 264187152 FAX: (732) 255 6010

B. ELECTRICAL CHARACTERISTICS Use Group Present Proposed

Building Occupied as [] Temporary [] Other Utility Co.

Est. Cost of Elec. Work \$

JOB SUMMARY (Office Use Only) PLAN REVIEW

INSPECTIONS Dates (Month/Day)

Approved by: 4-15-10

SUBCODE APPROVAL for PERMIT

Approved by: 7-15-10

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Drain Serves

Date Received 07-06-10 Control # 10-1715 Date Issued Permit #

QTY. SIZE ITEMS FEE (Office Use Only)

- Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Frac. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

- Pool Permit/with UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range/Receptacle
KW Oven/Surface Unit
KW Elec. Water Heater
KW Elec. Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central A/C Unit
HP/KW Space Heater/Air Handler
KW Baseboard Heat
HP Motors 1/4 HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec Sign/Outline Light

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$



CONSTRUCTION PERMIT

Date Issued 10-17-15
Control # C-10-001032
Permit # 07-06-10

IDENTIFICATION Block: 1385.09 Lot: 16 Qualifier _____
Work Site Location: 681 ROLLING HILLS CT. Brick Township, NJ Contractor A & C LAWNS INC
Address 1889 ROUTE 9 UNIT 12 TOMS RIVER NJ 08755-
Owner in Fee CROWE, TIMOTHY & DIANE
681 ROLLING HILLS CT BRICK NJ 08724 Telephone: (732) 349-0576
Telephone: _____ Lic. No. or Bldrs. Reg. No. 10911
Federal Employee No. 22-2609882

Is hereby granted permission to perform the following work:

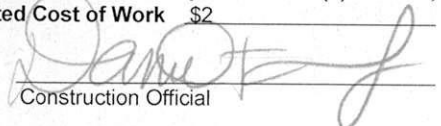
- | | | |
|--|--|--|
| ☐ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

AUXILIARY METER, BACKFLOW PREVENTER/LAWN SPRINKLER, RAIN SENSOR

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


Construction Official

4-15-10
Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$65
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$106
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: March 19 2010

Applicant's Name: Timothy/Diane Crowe Telephone N 

Mailing Address: 681 Rolling Hills Court

Service Location: Same

26188055

Account Number: _____ Block: 1385.09 Lot: 16

Size of Existing Service: _____ Size of Existing Meter: 3/4"

Diane Crowe

Applicant's Signature

D. Daniels

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 a 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. A valve before and after the meter is required as well as a backflow preventer. Yoke must be within 10 feet of crawl space entrance.
3. Call the Township of Brick Plumbing Department (732-262-4627) for inspection.
4. After inspection by Brick Township Plumbing Department, 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 permit is issued, the inspection is approved, the meter is installed and that the water is not used prior to the meter being installed. Failure to comply 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 at the rate of \$5.20 per 1,000 gallons.