

APR 6 1992



# CONSTRUCTION PERMIT APPLICATION

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

# 1. IDENTIFICATION. OF INSPECTOR

1. Proposed Work-site at: 258 Tall Oaks Drive

2. Name of Owner in Fee: Nicola & Catherine Pizzitani Tel. ( )

Address \_\_\_\_\_  
\_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private ☒

4. Principal Contractor: CFC General Contractors Tel. (908) 494-8393

Address 19 Clauson Rd. Edison N.J. 08817

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

Federal Emp. No. \_\_\_\_\_ Social Security No. 142 36 8337

5. Architect or Engineer: Dean Paul O'Connor Tel. (908) 409 4998

Address 237 Larchwood Court Howell N.J.

6. Responsible Person In Charge of Work: Ronald Christensen Tel. (908) 494 8353

## II. PROPOSED WORK

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

**TOTAL COSTS**

Est. Cost

HOUSE + GARAGE  
+ GLASS ROOM

OPTIONAL (for office use only)

| Plans<br>Rec'd By | Date<br>Rec'd | Rejection<br>Date | Approval<br>Date   | Re-<br>viewer | Resubmission Dates<br>Approval Rejection | Re-<br>viewer |
|-------------------|---------------|-------------------|--------------------|---------------|------------------------------------------|---------------|
| JF                | 4/6/92        |                   | 4/13/92            | Rd            |                                          |               |
|                   |               |                   | 4-20-92            | Paul          | Nov R-3                                  |               |
|                   |               |                   | 4/18/92            | af            |                                          |               |
|                   |               | 5-6-92            | <del>4/20/92</del> | <del>pk</del> |                                          |               |
| Jmm.              |               |                   | 4/30/92            | af            |                                          |               |

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

## IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- |                                                                                     |                                                                      |                                                                 |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. <input type="checkbox"/> Elevators/Escalators/Lifts/<br>Dumbwaiters/Moving Walks | 3. <input type="checkbox"/> Pressure Vessels                         | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly   |
| 2. <input type="checkbox"/> High Pressure Boilers                                   | 4. <input type="checkbox"/> Refrigeration Systems                    | 7. <input type="checkbox"/> Sprinklers                          |
|                                                                                     | 5. <input type="checkbox"/> Cross-Connections/Backflow<br>Preventers | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells |
|                                                                                     |                                                                      | 9. <input type="checkbox"/> Underground Storage Tanks           |

## V. FEE SUMMARY (for office use only)

|                                      |          | Update | Update |
|--------------------------------------|----------|--------|--------|
| 1. Building                          | \$ 387 - |        |        |
| 2. Electrical                        |          |        |        |
| 3. Plumbing                          | 145 -    |        |        |
| 4. Fire Protection                   | 112 -    |        |        |
| 5. Other                             |          |        |        |
| 6. Subtotal                          | \$ 644 - |        |        |
| 7. Less 20% for<br>State Plan Review | 64 -     |        |        |
| 8. Subtotal                          | \$ 609 - |        |        |
| 9. DCA Training Fee                  |          |        |        |
| 10. Subtotal                         | \$ 609 - |        |        |
| 11. Cert. of Occupancy               | 97 -     |        |        |
| 12. Other                            |          |        |        |
| 13. TOTAL                            | \$ 706 - |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2
2. Height of Structure 31 ft.
3. Area—Largest Floor 1295 sq. ft.
4. Building Area—All Floors 4286 sq. ft.
5. Volume of Structure 4300'0 cu. ft.
6. Construction Classification R 3
7. Total Land Area Disturbed 2220 sq. ft.
8. Flood Hazard Zone 110
9. Base Flood Elevation \_\_\_\_\_ ft.
10. Wetlands yes \_\_\_\_\_ sq. ft.  
no 110
11. Fire Grading \_\_\_\_\_
12. Max. Live Load \_\_\_\_\_
13. Max. Occupancy Load \_\_\_\_\_

**VII. DESCRIPTION OF BUILDING USE**

## A. RESIDENTIAL-

1. ☐ Hotels (R-1)  
2. ☐ Multi-Family (R-2)  
3. ☐ Two-Family (R-3) BOCA  
4. ☐ Two-Family (R-4) CABO  
5. ☒ One-Family (R-3) BOCA  
6. ☐ One-Family (R-4) CABO

No of dwelling units:  
Before Construction 2  
After Construction 1  
Net gain or loss

## 8. NON-RESIDENTIAL

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 Kirola Targzanni

Date 2-11-1992

## II. AGENT SECTION

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

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X) Check if contractor.

Agent Name Ronald Christison

Address 19 Clausen Rd.

Edison N.J. 08817

Telephone (908) 494 8393

Signature Ronald Christison

Date 3-1-92

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(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 |          |
| <input checked="" type="checkbox"/> Planning Board            | <i>major sub.</i> |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                         |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                      |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                      |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                      |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                    |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                    |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                    |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs      |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation    |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protect. |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                      |                   |               |                   |            |                   |            |                   |            |          |
| <input checked="" type="checkbox"/> Other <i>zoning</i>       | <i>SK</i>         | <i>4/7/92</i> | <i>hour</i>       |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                      |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                      |                   |               |                   |            |                   |            |                   |            |          |

## IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

| Name of Code & Edition |       | Name of Code & Edition   |       | Other |  |
|------------------------|-------|--------------------------|-------|-------|--|
| Building               | _____ | Energy                   | _____ | _____ |  |
| Electrical             | _____ | Barrier Free             | _____ | _____ |  |
| Plumbing               | _____ | Flood Hazard             | _____ | _____ |  |
| Fire Protection        | _____ | As Built Elevation Cert. | _____ | _____ |  |
| Mechanical             | _____ | Other                    | _____ | _____ |  |

## X. CERTIFICATES ISSUED (office use only)

|                                                             | No.   | DATE EXPIRED |
|-------------------------------------------------------------|-------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | _____ | _____        |
| <input type="checkbox"/> Temporary Certificate of Occupancy | _____ | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy | _____ | _____        |
| <input type="checkbox"/> Certificate of Occupancy           | _____ | _____        |
| <input type="checkbox"/> Certificate of Approval            | _____ | _____        |
| <input type="checkbox"/> None                               | _____ | _____        |



# CERTIFICATE

Date Issued 2-6-93  
Control #  
Permit # 830-92

## IDENTIFICATION

Block 1422.07 Lot 19  
Work Site Location 358 Tall Oaks Drive  
Owner in Fee Nicola & Catherine Prezzama  
Address 29 Farragut Dr.  
Brick, NJ  
Tele. (     )      
Contractor same  
Address      
Tele. (     )      
Lic. No. or Bldrs. Reg. No.      
Federal Emp. No.      
or Social Security No.    

Home Warranty No. none, affidavit  
Use Group R-3 1 hour  
Maximum Live Load      
Description of Work/Use:    

Single family dwelling

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

## CERTIFICATE OF OCCUPANCY/APPROVAL

### ☐ CERTIFICATE OF OCCUPANCY

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

### ☐ CERTIFICATE OF APPROVAL

### ☐ 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.

### xxxv ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than O/C Soil 4-30, 19 93 or the owner will be subject to a fine or order to vacate: Pending compliance with Building, 30 days to end March 23, 1993

Arthur J. Cierzo  
CONSTRUCTION OFFICIAL

Fee \$      
Paid [ ] Check No.      
Collected by:



# CONSTRUCTION PERMIT

Date Issued  
Control #  
Permit #

5/7/98  
830-92

IDENTIFICATION Block

1422.07

Lot

19

Work Site Location

758 Fair Oaks Dr.

Contractor

C.C. General Contr.

Address

19 Wallingford Rd.  
Edison, NJ 08817

Owner in Fee

Marla Patten de Perna

Address

same

Tele. ( )

Lic. No. or Bldrs. Reg. No.

021818

Exp. Date

5/99

Federal Emp. No.

or Social Security No.

hereby granted permission to perform the following work:

☐ BUILDING

☒ PLUMBING

☐ OTHER

☐ ELECTRICAL

☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Single - family dwelling  
volume - 43000

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 \$

123,000

CONSTRUCTION OFFICIAL

## PAYMENTS (Office Use Only)

Building

382

Plumbing

145

Electrical

Fire Protection

642

Other

642

Other

DCA Training Fee

69

Cert. of Occ.

97

Other

Total

874

Check No.

1760

Cash

Collected By:

bc



# BUILDING SUBCODE TECHNICAL SECTION



Date Received  
Date Issued  
Control #  
Permit #

5/7/92  
83092

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

Block 1422.07 Lot 19  
Work Site Location Tall Oaks Drive  
Brick N.J.  
Owner in Fee Nicola & Catherine's Pizzeria  
Address \_\_\_\_\_  
Tele. (\_\_\_\_) \_\_\_\_\_  
Contractor C.C. General Contractors  
Address 19 Clavien Rd.  
Edison N.J. 08817  
Tele. (908) 494-8393  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. 142 36 5337

## 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 Ronald [Signature]

## D. TECHNICAL SITE DATA DESCRIPTION OF WORK

AS per Prints marked.  
91034.  
DWELLING

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                  | Date           | Initial            | INSPECTIONS           | Dates (Month/Day)                                                         |
|----------------------------------------------------------------------------------------------|----------------|--------------------|-----------------------|---------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> No Plans Req.                                            | <u>5/13/92</u> | <u>[Signature]</u> | Type: <u>Footings</u> | Failure <u>5/18/92</u> Approval <u>5/18/92</u> Initial <u>[Signature]</u> |
| <input type="checkbox"/> All                                                                 |                |                    | Foundation            | <u>OK 9-25-92</u> <u>OK</u>                                               |
| <input type="checkbox"/> Footing                                                             |                |                    | Slab                  |                                                                           |
| <input type="checkbox"/> Foundation                                                          |                |                    | Frame                 | <u>9/25/92</u> <u>OK</u>                                                  |
| <input type="checkbox"/> Frame                                                               |                |                    | Insulation            |                                                                           |
| <input type="checkbox"/> Other                                                               |                |                    | Finishes:             |                                                                           |
| Joint Plan Review Required:                                                                  |                |                    | Energy                |                                                                           |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |                |                    | Mechanical            |                                                                           |
| SUBCODE APPROVAL                                                                             |                |                    | TCO                   |                                                                           |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |                |                    | Other                 |                                                                           |
| Date:                                                                                        |                |                    | Final                 |                                                                           |
| Approved By:                                                                                 |                |                    |                       |                                                                           |

## TYPE OF WORK:

- ☒ New Building  
☐ Addition  
☐ Alteration  
☐ Roofing  
☐ Siding  
☐ Other \_\_\_\_\_  
☐ Demolition  
☐ Miscellaneous  
☐ Fence \_\_\_\_\_ Height \_\_\_\_\_  
☐ Sign \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
☐ Pool  
☐ Elevator  
☐ Asbestos Abatement  
☐ Other \_\_\_\_\_

## (Office Use Only)

FEE

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed R3  
Constr. Class Present \_\_\_\_\_ Proposed R3  
No. of Stories 2  
Height of Structure 31 Ft.  
Area—Largest Floor 1295 Sq. Ft.  
Total Bldg. Area/All Floors 4286 Sq. Ft.  
Volume of Structure \_\_\_\_\_ Cu. Ft.  
Total Land Area Disturbed 2220 Sq. Ft.

## Est. Cost of Bldg. Work:

1. New Bldg. \$ 123,000  
2. Alteration \$ \_\_\_\_\_  
3. Total (1+2) \$ 123,000

## Administrative Surcharge

Paid ☐ Check # \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_  
Collected by: \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_

# 0310839



ELECTRICAL  
SUBCODE  
TECHNICAL SECTION



Date Received  
Date Issued  
Control #  
Permit #

SEP 21 92 012417

Brick

ready

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

Block 1422.07 Lot 19  
Work Site Location 758 TAIL OAK'S DR.  
Brick Town N.J. 08724  
Owner in Fee Patricia M. Thompson  
Address 11100 N.J.  
Tele. [REDACTED]  
Contractor PRINCE ELEC. CO. INC.  
Address 101 TRINITY PLACE  
Brick Town N.J. 08724  
Tele. (908) 920-4648  
Lic. No. 10232  
Federal Emp. No. 22-3075011 or Social Security No. \_\_\_\_\_

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set  
☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other  
Building Occupied as Res. Utility Co. JCP&L  
Est. Cost of Elec. Work \$ 7000

JOB SUMMARY (Office Use Only)

| PLAN REVIEW:                                                                                    | INSPECTIONS:                  | Dates (Month/Day)                 |
|-------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> No Plans Required                                                      | Type:                         | Failure Failure Approval Initial  |
| Joint Plan Review Required:                                                                     | Rough                         | <u>9.21.92</u> <u>[Signature]</u> |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire    | Temporary                     | <u>9.21.92</u> <u>[Signature]</u> |
| <input type="checkbox"/> Elec. Plans Approved                                                   | Constr. Serv.                 |                                   |
| Date: _____                                                                                     | TCO                           |                                   |
| Approved by: _____                                                                              | Other                         |                                   |
|                                                                                                 | Service                       |                                   |
| SUBCODE APPROVAL:                                                                               | Final                         | <u>9.24.92</u> <u>[Signature]</u> |
| <input checked="" type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA | Temp. Cut-in-Card Date Issued | <u>9.21.92</u> <u>[Signature]</u> |
| Date: <u>9.24.92</u>                                                                            | Final Cut-in-Card Date Issued | <u>9.24.92</u> <u>[Signature]</u> |
| Approved by: <u>[Signature]</u>                                                                 | Line Dept.                    | <u>[Signature]</u>                |

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

☒ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

| NO.        | SIZE        | ITEM                               |
|------------|-------------|------------------------------------|
| <u>54</u>  |             | Fixtures (1)                       |
| <u>45</u>  |             | Receptacles (2)                    |
| <u>40</u>  |             | Switches (3)                       |
| <u>139</u> |             | Total, 1 + 2 + 3                   |
|            |             | Range                              |
|            |             | Oven(s)                            |
|            |             | Surface Unit                       |
| <u>1</u>   | <u>20A</u>  | Dishwasher                         |
| <u>1</u>   |             | Garbage Disposal                   |
|            |             | Dryer                              |
| <u>1</u>   | <u>4Tua</u> | A/C Unit                           |
| <u>1</u>   |             | Burglar Alarms                     |
| <u>1</u>   |             | Intercoms Panels                   |
| <u>1</u>   |             | Smoke Detectors                    |
| <u>1</u>   | <u>20A</u>  | Whirlpool Spa                      |
|            |             | Pool Bonding                       |
|            |             | Pool Filter Motor                  |
|            |             | Pool Lights                        |
|            |             | Water Heater(s)                    |
| <u>1</u>   | <u>15A</u>  | Central heat:                      |
|            |             | oil, <u>gas</u> or elec.           |
| <u>1</u>   | <u>LV</u>   | Baseboard Heat Units               |
|            |             | Thermostats                        |
|            |             | Heat Pump                          |
|            |             | Pump(s)                            |
|            |             | Motor Control Center/Sub Panels    |
|            |             | Signs                              |
| <u>3</u>   | <u>1/8</u>  | Light Standards                    |
|            |             | Motors—Fractional H.P. <u>Ball</u> |
|            |             | Motors—All Others <u>Fans</u>      |
|            |             | Transformers                       |
|            |             | Generators                         |
| <u>1</u>   | <u>200A</u> | Service Entrance                   |
| <u>1</u>   |             | Other <u>Lighting contractor</u>   |

FEE (Office Use Only)

60-

7-

7-

33-

Administrative Surcharge \$ \_\_\_\_\_  
Paid ☐ Check # 1480 Minimum Fee \$ \_\_\_\_\_  
Collected by: \_\_\_\_\_ TOTAL FEE \$ 109.-

RPF

9.21.92 Band number for final

- 1.26-43 (1) 2nd Clearhall deep mining in house  
(2) West side gate totally enclosed  
(3) Bottom side mining  
(4) West 3 W for yellow stone  
(5) corner mining



**FIRE PROTECTION  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

1-8-93

830-92

Owner: *Fred*  
Contractor: *Cord...*

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

Block 142207 Lot 19  
Work Site Location 258 Tall Oaks Dr  
Brick NJ 08724  
Owner in Fee Nicola & Catherine Prezzano  
Address 29 Farraant Dr.  
Brick NJ 08723  
Tele. ( ) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Tele. ( ) \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Constr. Class. Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Heating Systems [ ] New [ ] Existing  
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar  
[ ] Other \_\_\_\_\_  
Location: \_\_\_\_\_  
Total Est. Cost of Fire Prot. Work \$ \_\_\_\_\_ [ ] Other \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW:                   |                  | INSPECTIONS: |         | Dates (Month/Day) |          |
|--------------------------------|------------------|--------------|---------|-------------------|----------|
| [ ] No Plans Required          |                  | Type:        | Failure | Failure           | Approval |
| Joint Plan Review Required:    |                  |              |         |                   |          |
| [ ] Bldg. [ ] Plumb. [ ] Elec. | Suppression Test |              |         |                   |          |
| [ ] Fire Plans Approved        | Fire Alarm Test  |              |         |                   |          |
| Date: _____                    | Smoke Test       |              |         |                   |          |
| Approved by: _____             | Mechanical       |              |         |                   |          |
| SUBCODE APPROVAL:              |                  | TCO          |         |                   |          |
| [ ] CO [ ] CCO [ ] CA          | Other            |              |         |                   |          |
| Date: _____                    | Other            |              |         |                   |          |
| Approved by: _____             | 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.

*Catherine Prezzano*  
SIGNATURE

**D. TECHNICAL SITE DATA**

**Description of Work**

Water Supply Source \_\_\_\_\_  
Method of Valve Supervision \_\_\_\_\_  
Local Alarm Supervision \_\_\_\_\_  
Central Supervision \_\_\_\_\_  
Proprietary Supervision \_\_\_\_\_

Flammable Liquid Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_  
Combustible Liquid Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_  
L.P.G. Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_  
L.N.G. Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

|                              | Number | FEE (Office Use Only) |
|------------------------------|--------|-----------------------|
| Wet Sprinkler Heads          | _____  |                       |
| Dry Sprinkler Heads          | _____  |                       |
| TOTAL                        | _____  |                       |
| Smoke Detectors              | _____  |                       |
| Heat Detectors               | _____  |                       |
| TOTAL                        | _____  |                       |
| Stand Pipes                  | _____  |                       |
| Kitchen Hood Exhaust Systems | _____  |                       |
| Pre-Engineered Systems       |        |                       |
| CO <sub>2</sub> Suppression  | _____  |                       |
| Halon Suppression            | _____  |                       |
| Foam Suppression             | _____  |                       |
| Dry Chemical                 | _____  |                       |
| Wet Chemical                 | _____  |                       |
| Gas or Oil Fired Appliance   | _____  |                       |
| OTHER                        | _____  |                       |

Administrative Surcharge \$ \_\_\_\_\_  
Paid [ ] Check # \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_  
Collected by \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_



**FIRE PROTECTION  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

5/7/92  
83092

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

Block 1422.07 Lot 19  
Work Site Location Tell Oaks Dr.  
Owner in Fee Nicola & Catherine Prezzama  
Address \_\_\_\_\_  
Tele. ( ) \_\_\_\_\_  
Contractor James S. Kelly Heating + Cooling  
Address 515 Fischer Blvd.  
Toms River, N.J. 08753  
Tele. (908) 399-2100  
Lic. No. \_\_\_\_\_  
Federal Emp. No. 22-2829956 or Social Security No. \_\_\_\_\_

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present ✓ Proposed R-3  
Constr. Class. Present ✓ Proposed 3  
Heating Systems ☒ New ☐ Existing  
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar  
☐ Other BASMENT?  
Location: \_\_\_\_\_  
Total Est. Cost of Fire Prot. Work \$ 7735 ☐ Other \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW:                                            |                                 | INSPECTIONS:                   |                  | Dates (Month/Day) |                |
|---------------------------------------------------------|---------------------------------|--------------------------------|------------------|-------------------|----------------|
| [ ] No Plans Required                                   |                                 | Type:                          | Failure          | Failure           | Approval       |
| Joint Plan Review Required:                             |                                 |                                |                  |                   | Initial        |
| <input checked="" type="checkbox"/> Bldg.               | <input type="checkbox"/> Plumb. | <input type="checkbox"/> Elec. | Suppression Test |                   |                |
| <input checked="" type="checkbox"/> Fire Plans Approved |                                 |                                | Fire Alarm Test  |                   |                |
| Date: <u>4-9-92</u>                                     |                                 |                                | Smoke Test       |                   | <u>1-26-93</u> |
| Approved by: <u>[Signature]</u>                         |                                 |                                | Mechanical       |                   | <u>1-26-93</u> |
| SUBCODE APPROVAL:                                       |                                 |                                | TCO              |                   |                |
| <input checked="" type="checkbox"/> CO                  | <input type="checkbox"/> CCO    | <input type="checkbox"/> CA    | Other            |                   | <u>1-26-93</u> |
| Date: <u>1-26-93</u>                                    |                                 |                                | Other            |                   |                |
| Approved by: <u>[Signature]</u>                         |                                 |                                | 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] J.S.K.  
SIGNATURE

**D. TECHNICAL SITE DATA**

**Description of Work**

NR R3

Water Supply Source \_\_\_\_\_  
Method of Valve Supervision \_\_\_\_\_  
Local Alarm Supervision \_\_\_\_\_  
Central Supervision \_\_\_\_\_  
Proprietary Supervision \_\_\_\_\_

Flammable Liquid Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_  
Combustible Liquid Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_  
L.P.G. Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_  
L.N.G. Storage Tanks ( ) Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

Wet Sprinkler Heads \_\_\_\_\_  
Dry Sprinkler Heads \_\_\_\_\_  
TOTAL \_\_\_\_\_  
Smoke Detectors AC/OC 6  
Heat Detectors INTERVAL 6  
TOTAL \_\_\_\_\_

Stand Pipes \_\_\_\_\_  
Kitchen Hood Exhaust Systems 1

Pre-Engineered Systems  
CO<sub>2</sub> Suppression \_\_\_\_\_  
Halon Suppression \_\_\_\_\_  
Foam Suppression \_\_\_\_\_  
Dry Chemical \_\_\_\_\_  
Wet Chemical \_\_\_\_\_

☒ Gas or Oil Fired Appliance 1  
OTHER \_\_\_\_\_

**FEE (Office Use Only)**

1  
46  
33  
33

Administrative Surcharge \$ \_\_\_\_\_  
Paid [ ] Check # \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_  
Collected by \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_

112

House occupied  
4-7-95



PLUMBING  
SUBCODE  
TECHNICAL SECTION



Date Received  
Date Issued  
Control #  
Permit #

10-26-92  
830-92  
Change Pbb.

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

Block 1422: 07 Lot 19  
Work Site Location 758 Tall Oaks Dr.

Owner in Fee Nicola + Catherine Piozzina  
Address \_\_\_\_\_

Tele. ( ) Nielson Plumbing  
Contractor 241 Cherry Quay Rd.  
Address Brick NJ. 08613

Tele. (901) 920 1695  
Lic. No. \_\_\_\_\_  
Federal Emp. No. 8558 or Social Security No. 15854-4466

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

| PLAN REVIEW:                                                                                |  | INSPECTIONS:  |         | Dates (Month/Day) |          |         |  |
|---------------------------------------------------------------------------------------------|--|---------------|---------|-------------------|----------|---------|--|
|                                                                                             |  | Type:         | Failure | Failure           | Approval | Initial |  |
| <input type="checkbox"/> No Plans Required                                                  |  | Slab          | _____   | _____             | _____    | _____   |  |
| Joint Plan Review Required:                                                                 |  | Rough         | _____   | _____             | _____    | _____   |  |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire |  | Water         | _____   | _____             | _____    | _____   |  |
| <input type="checkbox"/> Plumb. Plans Approved                                              |  | Sewer         | _____   | _____             | _____    | _____   |  |
| Date: _____                                                                                 |  | Fixtures      | _____   | _____             | _____    | _____   |  |
| Approved by: _____                                                                          |  | Gas Equipment | _____   | _____             | _____    | _____   |  |
|                                                                                             |  | Gas Final     | _____   | _____             | _____    | _____   |  |
| SUBCODE APPROVAL:                                                                           |  | Solar         | _____   | _____             | _____    | _____   |  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA        |  | TCO           | _____   | _____             | _____    | _____   |  |
| Approved by: _____                                                                          |  |               | _____   | _____             | _____    | _____   |  |
| Date: _____                                                                                 |  |               | _____   | _____             | _____    | _____   |  |

C. CERTIFICATION IN LIEU OF OATH

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

Signature Contractor Seal

Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

| NO.                                                     | FIXTURE/EQUIPMENT                      | FEE (Office Use Only) |
|---------------------------------------------------------|----------------------------------------|-----------------------|
| <u>1</u>                                                | Water Closet                           | _____                 |
| <u>2</u>                                                | Urinal/Bidet                           | _____                 |
| <u>3</u>                                                | Bath Tub                               | _____                 |
| <u>3</u>                                                | Lavatory                               | _____                 |
| <u>3</u>                                                | Shower                                 | _____                 |
| <u>1</u>                                                | Floor Drain                            | _____                 |
| <u>1</u>                                                | Sink                                   | _____                 |
| <u>1</u>                                                | Dishwasher                             | _____                 |
| <u>1</u>                                                | Drinking Fountain                      | _____                 |
| <u>2</u>                                                | Washing Machine                        | _____                 |
| <u>1</u>                                                | Hose Bibb                              | _____                 |
| <u>1</u>                                                | Gas Piping                             | _____                 |
| <u>1</u>                                                | Fuel Oil Piping                        | _____                 |
| <u>1</u>                                                | Water Heater                           | _____                 |
| _____                                                   | Steam Boiler                           | _____                 |
| _____                                                   | Hot Water Boiler                       | _____                 |
| _____                                                   | Sewer Pump                             | _____                 |
| _____                                                   | Interceptor/Separator                  | _____                 |
| _____                                                   | Backflow Preventer                     | _____                 |
| _____                                                   | Greasetrap                             | _____                 |
| _____                                                   | Water Cooled A/C or Refrigeration Unit | _____                 |
| <u>1</u>                                                | Sewer Connection                       | _____                 |
| <u>1</u>                                                | Water Service Connection               | _____                 |
| <u>1</u>                                                | Gas Service Connection                 | _____                 |
| <u>1</u>                                                | Active Solar System                    | _____                 |
| <u>1</u>                                                | Other Laundry Tub                      | _____                 |
| Administrative Surcharge                                |                                        | \$ _____              |
| Paid <input type="checkbox"/> Check # _____ Minimum Fee |                                        | \$ _____              |
| Collected by: _____ TOTAL                               |                                        | \$ _____              |



# OCEAN COUNTY SOIL CONSERVATION DISTRICT

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

## REPORT OF COMPLIANCE

FEB 10 1993

TO: \_\_\_\_\_ CONSTRUCTION CODE OFFICIAL \_\_\_\_\_ MUNICIPALITY: BRICK DIV. OF INSPECTION

PROJECT: THE OAKS SUB. SCD NO.: 1606

BLOCK NO.(s) 1422.07 LOT NO.(s) 19

Complete Compliance ☐

Temporary Compliance ☒

| Block No. | Lot No. | Conditions                                                                                                                                                                                                                                                                                     |
|-----------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |         | <p>This <u>TEMPORARY</u> compliance expires on <u>4/30/93</u>.<br/>The applicant is required to notify this office when work is <u>properly</u> completed. A \$55.00 re-inspection fee will be <u>billed</u> to the applicant for each day required work is not <u>properly</u> completed.</p> |

4-27-93  
complete comp.  
OK Soil  
5-4-93

TOTAL FEES DUE: \$ \_\_\_\_\_

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

AGENT RESPONSIBLE FOR PROJECT: \_\_\_\_\_

AUTHORIZED DISTRICT SIGNATURE: [Signature]

DATE: 2/9/93

**THE BRICK TOWNSHIP  
MUNICIPAL UTILITIES AUTHORITY**  
1551 HIGHWAY 88 WEST  
BRICK, NEW JERSEY 08724  
458-7000

**CERTIFICATE OF COMPLIANCE**

Date..... Feb. 4, 1993 .....

NAME..... Nicola & Catherine Prezzama .....

ADDRESS..... 758 Tall Oaks Dr., Brick, NJ .....

PROPERTY LOCATION..... 758 Tall Oaks Drive .....

Account No..... T966851..... Block 1422.07. Lot 19.....

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

For the Authority..... *Marilyn Schaff* .....



**Office of  
Division of Inspections**

Subject: Tail Oaks Dr

Block 1422-07 Lot 19

I David Christensen

I, Donald Christensen, hereby request a temporary building permit to proceed with construction of footings and foundation (only) on the subject property at my own risk. I understand and acknowledge that the issuance of the full building permit is subject to further approvals as normally required. I understand that adjustments in the foundation and first floor elevation may be necessary in order to comply with the approved plot plan grading. The below department approvals are required prior to issuance of a temporary building permit.

Applicant

Date \_\_\_\_\_

Twp. Engineer or Ass't. Engineer Date

Zoning Officer  
Zoning Department

Date \_\_\_\_\_

**Building Inspector**  
**Building Department**

Date \_\_\_\_\_



# Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of  
Division of Inspections

## UNIFORM CONSTRUCTION CODE Chapter 23, Title 5

Approval of Part  
5.23-2.16 (g)

OWNER/AGENT

C.E.C. General Contractor

ADDRESS

19 Chasen Rd.

TOWN

Edison N.J. ZIP 08817

BLOCK

1422-07

LOT

19

Tall Oaks Dr.



FOOTING



FOUNDATION



OTHER

OWNER/AGENT PROCEED AT OWN RISK ☒

OWNER/AGENT

[Signature]

BUILDING SUB-CODE OFFICIAL

CONSTRUCTION OFFICIAL

**THE BRICK TOWNSHIP  
MUNICIPAL UTILITIES AUTHORITY**

1551 Highway 88 West  
Brick, New Jersey 08724  
(201) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME C & C General Contracting TEL. NO. \_\_\_\_\_

ADDRESS 19 Clausen Rd. Edison, NJ 08817

PROPERTY IN QUESTION:

BLOCK 1422.07 LOT(S) X 19 ADDRESS 758 Tall Oaks Dr.

BTMUA ACCOUNT NUMBER T966851

SINGLE FAMILY RESIDENTIAL (IN EXISTING SUB-DIVISIONS ONLY)

1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION  
FOR SERVICE IS REQUIRED. WATER X SEWER X

CONNECTION WILL BE PROVIDED AS FOLLOWS:

WATER TALL OAKS DRIVE  
(STREET)

SEWER TALL OAKS DRIVE  
(STREET)

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE.  
APPLICATION IS NOT REQUIRED.

3. UTILITY SERVICE IS PLANNED FOR CONSTRUCTION  
DURING THE BUDGET YEAR ENDING MARCH 31, 19\_\_\_\_.  
SERVICE MAY BE AVAILABLE SOME TIME THEREABOUT.

ALL OTHER DEVELOPMENT

EXISTING BRICK TOWNSHIP MUA LINES ARE AS SHOWN ON ATTACHED

TAX MAP DRAWING NO. 706.

APPLICANT/DEVELOPER IS REQUIRED TO SUBMIT A FORMAL DEVELOPER  
APPLICATION TO THE AUTHORITY AS SET OUT IN BRICK TOWNSHIP ZONING  
ORDINANCE NO. 354-79 AS AMENDED, AND AS REQUIRED BY BRICK TOWNSHIP  
MUA RULES AND REGULATIONS (LATEST REVISION).

DATE: April 30, 1992

SIGNED: James M. S. Siddiqui

NOTE: STATEMENT GOOD FOR  
90 DAYS ONLY

## UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA.
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

A DEPOSIT OF \$130 IS REQUIRED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 6 AND 8 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF \$15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION. INSPECTIONS WILL NOT BE MADE UNLESS THE PERMIT HAS BEEN OBTAINED.

### 6. WATER METER

A METER AND A REMOTE READOUT WILL BE INSTALLED.

IF YOU ARE BUILDING ON A SLAB BASE, PLEASE MAKE ARRANGEMENTS WITH YOUR BUILDER TO RUN A PAIR OF WIRES (18 GAUGE, 2 CONDUIT SOLID BELL WIRE) FROM THE INSIDE METER LOCATION TO WHERE THE OUTSIDE READOUT IS TO BE LOCATED, OR CALL THE BTMUA TO DO SO. THIS MUST BE DONE PRIOR TO INSTALLATION OF SHEET ROCK FOR INTERIOR WALLS.

AFTER ALL INSPECTIONS HAVE BEEN COMPLETED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO SCHEDULE THE WATER METER INSTALLATION.

### 7. CERTIFICATE OF COMPLIANCE

THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ANY OPEN TAP FEES AND PERMIT FEES MUST BE PAID IN FULL.

### 8. INITIAL SERVICE CHARGES

IF THE OWNER DESIRES, THE APPLICABLE INITIAL SERVICE CHARGES MAY BE PAID IN QUARTERLY INSTALLMENTS (PLUS INTEREST) ACCORDING TO AN ESTABLISHED PAYMENT PLAN. SEE OUR CUSTOMER ACCOUNT DIVISION FOR DETAILS.

# SIZING FOR WATER AND SEWER SERVICES

Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Property Address \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Zoning \_\_\_\_\_ Use Group \_\_\_\_\_

Contractor \_\_\_\_\_ License No. Registration \_\_\_\_\_

Water Main Size \_\_\_\_\_ Water Pressure \_\_\_\_\_ Sewer Main Size \_\_\_\_\_

Plumbing Fixtures Number (sfu) Water Units (dfu) Drainage Units

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

Total \_\_\_\_\_

Gallons per minute \_\_\_\_\_

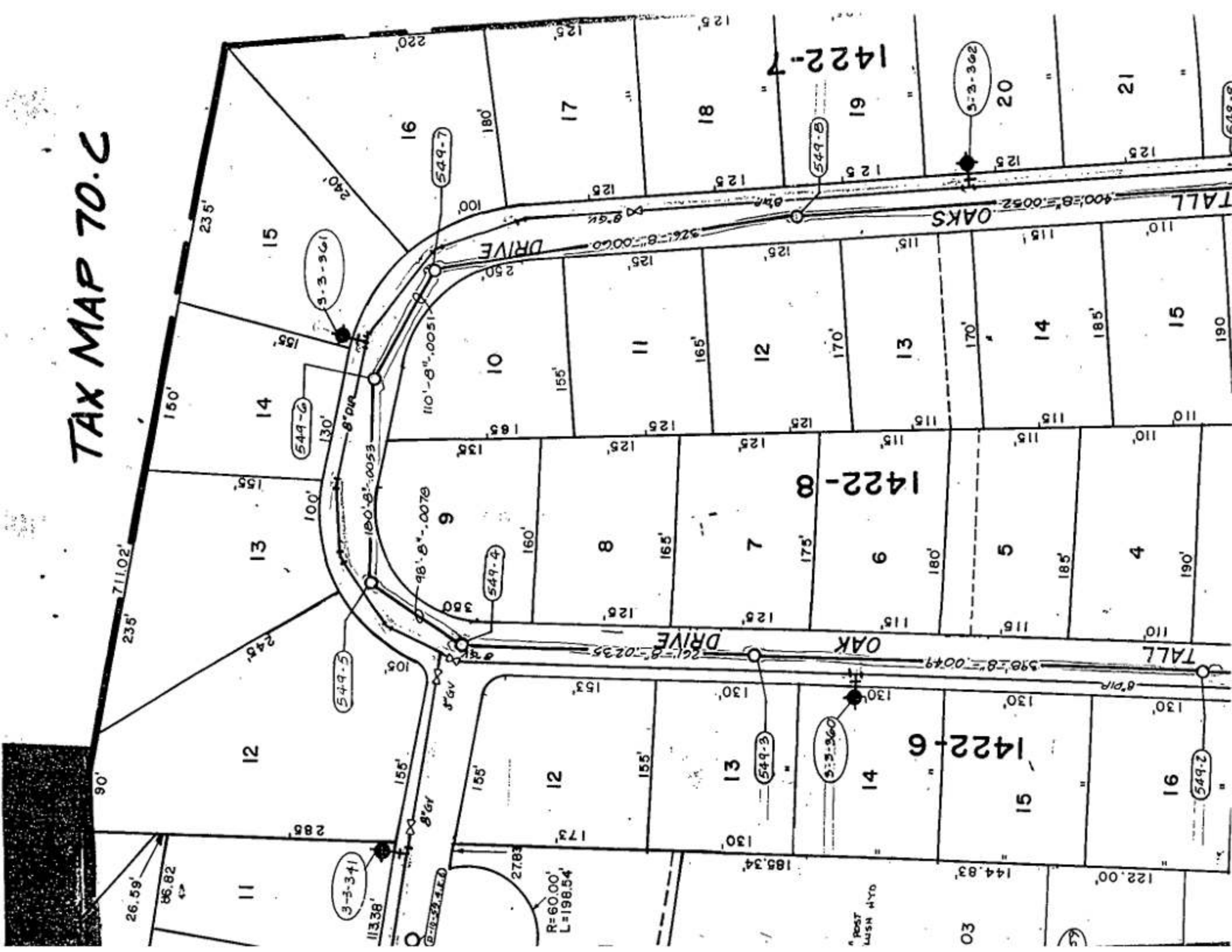
Size of Service \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Brick Township Plumbing Inspector

# TAX MAP 70.C



# TOWNSHIP OF BRICK

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

Daniel F. Newman, Mayor

## Members of Township Council

Mary Anne L. Butler, Council President  
Charles E. Anderson  
Patrick L. Bottazzi  
Edmund H. Hibbard  
Joseph C. Scarpelli  
Warren H. Wolf  
David W. Wolfe



Division of Inspections

A.J. Cierzo,  
Construction Official  
(201) 477-3000, ext. 262

## CHECK LIST

RE: Block 1422-07 Lot 19 Address Tell Oaks Dr.

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative

Zoning

Engineering

Building

Plumbing

Electric

Fire

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,  
Construction Official

Date

# SIZING FOR WATER AND SEWER SERVICES

Property Owner North Piquette Date 4/7/92  
 Property Address Tull Oaks Block 14207 Lot 12

Zoning \_\_\_\_\_ Use Group \_\_\_\_\_

Contractor \_\_\_\_\_ License No. Registration \_\_\_\_\_

Water Main Size \_\_\_\_\_ Water Pressure \_\_\_\_\_ Sewer Main Size \_\_\_\_\_

| Plumbing Fixtures                     | Number   | (sfu)        | Water Units | (dfu) | Drainage Units |
|---------------------------------------|----------|--------------|-------------|-------|----------------|
| 1. Water Closet                       | <u>3</u> | ( <u>3</u> ) | <u>9</u>    | ( )   |                |
| 2. Lavatory                           | <u>3</u> | ( <u>3</u> ) | <u>3</u>    | ( )   |                |
| 3. Bath Tub                           | <u>2</u> | ( <u>2</u> ) | <u>4</u>    | ( )   |                |
| 4. Shower Stall                       | <u>1</u> | ( <u>2</u> ) | <u>2</u>    | ( )   |                |
| 5. Kitchen Sink                       |          | ( )          |             | ( )   |                |
| 6. Service Sink                       |          | ( )          |             | ( )   |                |
| 7. Laundry Tray                       | <u>2</u> | ( )          | <u>2</u>    | ( )   |                |
| 8. Dishwasher                         | <u>1</u> | ( <u>1</u> ) | <u>1</u>    | ( )   |                |
| 9. Washing Machine                    | <u>1</u> | ( <u>3</u> ) | <u>3</u>    | ( )   |                |
| 10. Urinal                            |          | ( )          |             | ( )   |                |
| 11. Floor Drain                       |          | ( )          |             | ( )   |                |
| 12. Drinking Fountain                 |          | ( )          |             | ( )   |                |
| 13. Air Conditioner<br>(water cooled) |          | ( )          |             | ( )   |                |
| 14. Dental Unit                       |          | ( )          |             | ( )   |                |
| 15. Lawn Sprinkler<br>No. of Heads    |          | ( )          |             | ( )   |                |
| 16. Fire Sprinkler<br>No. of Heads    |          | ( )          |             | ( )   |                |
| 17.                                   |          | ( )          |             | ( )   |                |
| 18.                                   |          | ( )          |             | ( )   |                |

Total 24  
 Gallons per minute 164  
 Size of Service 1"

Date: \_\_\_\_\_ Approved: Leary Plumbing Inspector  
 Brick Township

# SIZING FOR WATER AND SEWER SERVICES

Property Owner \_\_\_\_\_ Date 4-7-92  
 Property Address Rezzano Block 14207 Lot 17

Zoning RS Use Group \_\_\_\_\_  
Tall Oaks

Contractor \_\_\_\_\_ License No. Registration \_\_\_\_\_

Water Main Size \_\_\_\_\_ Water Pressure \_\_\_\_\_ Sewer Main Size \_\_\_\_\_

| Plumbing Fixtures                     | Number   | (sfu) Water Units | (dfu) Drainage Units |
|---------------------------------------|----------|-------------------|----------------------|
| 1. Water Closet                       | <u>3</u> | <u>(3)</u>        | <u>( )</u>           |
| 2. Lavatory                           | <u>3</u> | <u>(1)</u>        | <u>( )</u>           |
| 3. Bath Tub                           | <u>2</u> | <u>(2)</u>        | <u>( )</u>           |
| 4. Shower Stall                       | <u>1</u> | <u>(2)</u>        | <u>( )</u>           |
| 5. Kitchen Sink                       |          | <u>( )</u>        | <u>( )</u>           |
| 6. Service Sink                       |          | <u>( )</u>        | <u>( )</u>           |
| 7. Laundry Tray                       | <u>2</u> | <u>(1)</u>        | <u>( )</u>           |
| 8. Dishwasher                         | <u>1</u> | <u>(1)</u>        | <u>( )</u>           |
| 9. Washing Machine                    | <u>1</u> | <u>(3)</u>        | <u>( )</u>           |
| 10. Urinal                            |          | <u>( )</u>        | <u>( )</u>           |
| 11. Floor Drain                       |          | <u>( )</u>        | <u>( )</u>           |
| 12. Drinking Fountain                 |          | <u>( )</u>        | <u>( )</u>           |
| 13. Air Conditioner<br>(water cooled) |          | <u>( )</u>        | <u>( )</u>           |
| 14. Dental Unit                       |          | <u>( )</u>        | <u>( )</u>           |
| 15. Lawn Sprinkler<br>No. of Heads    |          | <u>( )</u>        | <u>( )</u>           |
| 16. Fire Sprinkler<br>No. of Heads    |          | <u>( )</u>        | <u>( )</u>           |
| 17.                                   |          | <u>( )</u>        | <u>( )</u>           |
| 18.                                   |          | <u>( )</u>        | <u>( )</u>           |

Total 24  
 Gallons per minute 16.4  
 Size of Service 1"

Date: \_\_\_\_\_ Approved: Carys Brick Township Plumbing Inspector

BLOCK 1422:07

PLUMBING & MECHANICAL CHECK LIST

LOT 19

DATE 4/7-92

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER B.T.M.O.A.

Certif of Approval

# LEZGUS

PLUMBING & HEATING, INC. LIC. #4974

516 FISCHER BLVD., TOMS RIVER, NJ 08753

349-3322

892-3322

367-3322

3-19-92  
c/c Penologists

Range  
62,000

2" x 2" Dryer  
30,000

1" x 1"

1" x 2"

3" x 4"

1" x 6"

WH 37,000

Furnace

100,000

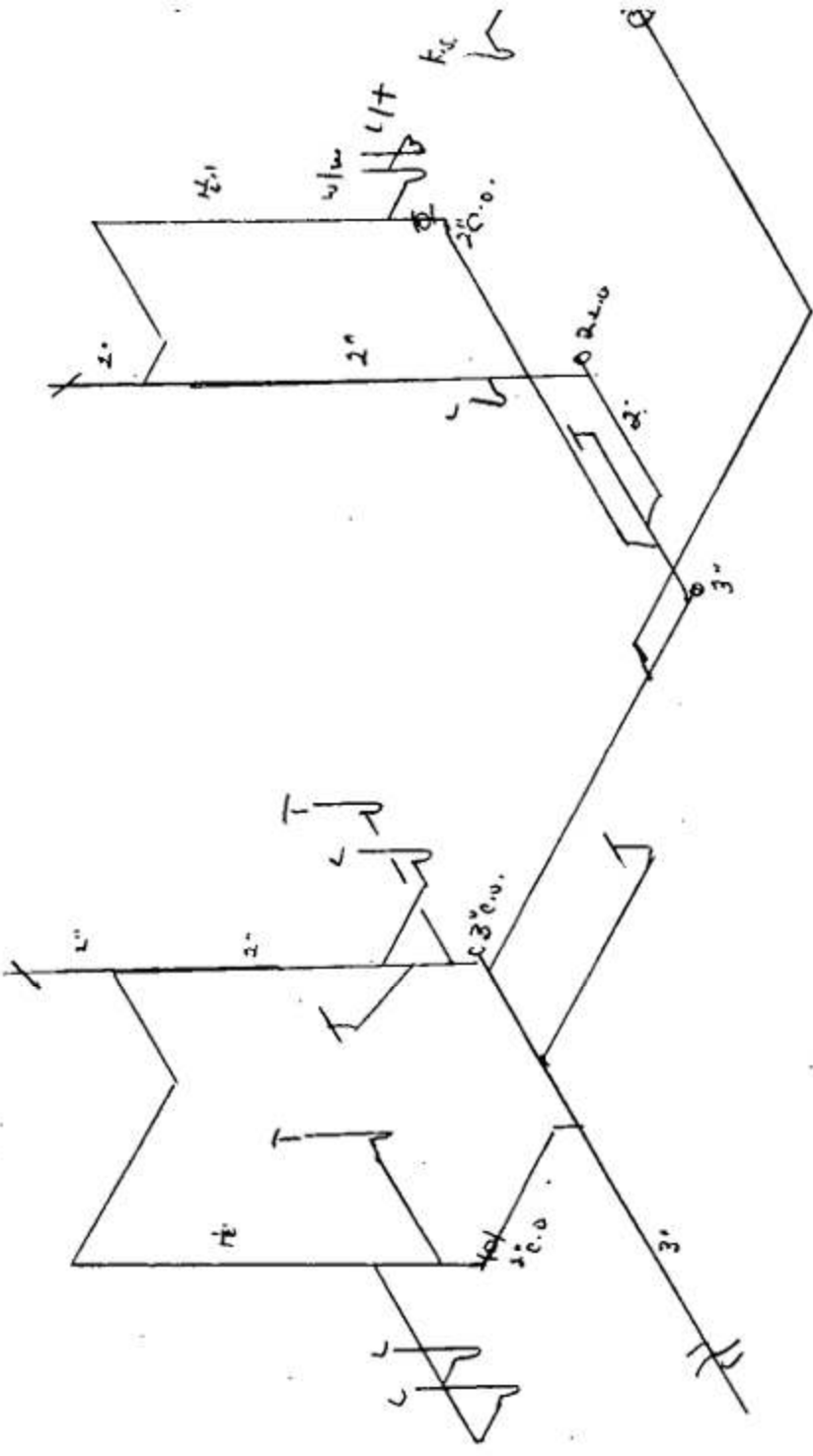
1" x 30"

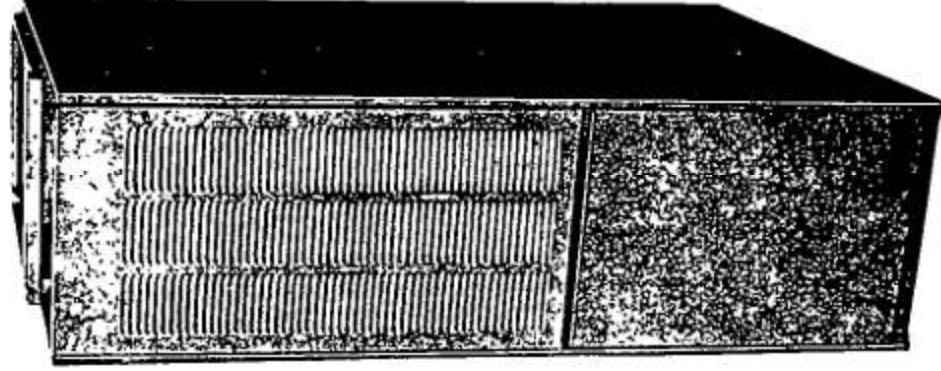
1" x 12"

Water

4/7/92

*[Handwritten signature]*





**Janitrol**  
SINCE 1890  
air conditioning & heating

## Upflow Power Vented Gas Furnace 50,000 thru 120,000 BTUH



### Description / Application

- All models design certified by ETL Testing Laboratories in compliance with National Safety Standards.
- Completely assembled, factory tested furnace for heating or combination heating / cooling application.
- For utility room, closet, alcove or basement application.
- All models can be vertically or horizontally dedicated vented with Plexavent gas vent.
- All models can be vertically vented with water heater using B-1 vent

### Construction

- Heavy gauge, reinforced, wrap-around insulated, galvanized steel cabinet.
- Durable, aluminized heavy gauge steel heat exchanger cells
- Quiet, slotted, multi-port, aluminized steel burners.
- Left hand connection convenience for gas and electric service

### Optional Equipment

- Clip-in bottom plate for use in side air application.
- L. P. conversion kit

### Standard Equipment

- Energy saving PSC multispeed direct drive blower motors.
- Quiet operating sound isolated blower assembly.
- 40 VA transformer for heating and air conditioning control service
- Air conditioning fan relay.
- Combination redundant gas valve and regulator.
- Adjustable fan control.
- Blower door safety switch.
- All models include energy saving spark ignition (cycling pilot)
- Permanent, cleanable, high velocity filter furnished, for bottom or side positioning.
- Alternate bottom, left or right side return air connection provision.
- Quiet operating vent motor.
- Vent safety switch.

# PERFORMANCE RATINGS

| GUP Model No. | Input* BTUH | Heating Capacity BTUH | DOE** AFUE | Cal. Effic. | Cooling SCFM @ .5 Esp | Heating SCFM @ .2 Esp | Temp. Rise Range |
|---------------|-------------|-----------------------|------------|-------------|-----------------------|-----------------------|------------------|
| 050-2A        | 50,000      | 40,000                | 80.0       | 74.0        | 860                   | 580                   | 30-60            |
| 075-3A        | 75,000      | 60,000                | 80.0       | 74.0        | 1230                  | 820                   | 40-70            |
| 100-4A        | 100,000     | 80,000                | 80.0       | 74.0        | 1620                  | 1180                  | 40-70            |
| 120-5A        | 115,000     | 92,000                | 80.0       | 74.0        | 2075                  | 1450                  | 35-65            |

\*\* DOE AFUE Based upon ICS

\* For altitude above 2,000 feet reduce rating 4% for each 1,000 feet above sea level

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

## SPECIFICATION DATA

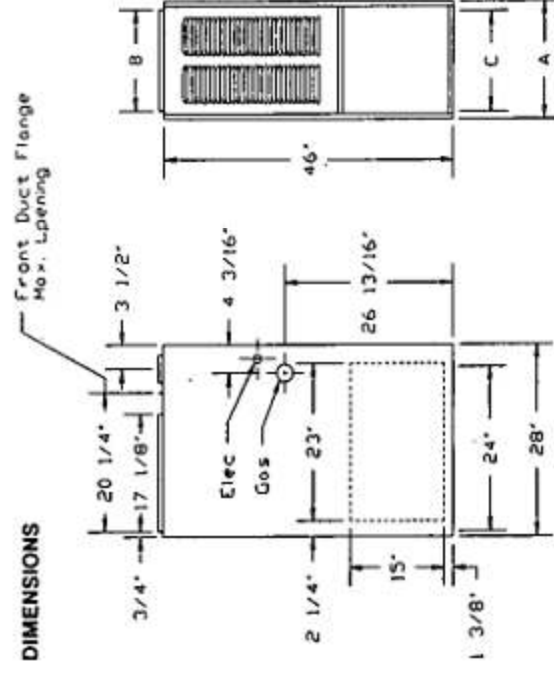
Electrical Characteristics 115/1/60 Gas Service Connection 1/2" FPT

| GUP Model No. | Blower   |            | Vent* Dia. In. | Filter** Size In. | Electrical |          | Ship Wt. |
|---------------|----------|------------|----------------|-------------------|------------|----------|----------|
|               | Motor HP | Width Dia. |                |                   | FLA        | Max Fuse |          |
| 050-2A        | 1/5      | 4 9        | 4              | 14 X 28           | 3.4        | 15       | 130      |
| 075-3A        | 1/3      | 4 10       | 4              | 14 X 28           | 5.5        | 15       | 155      |
| 100-4A        | 1/2      | 4 10       | 4              | 17 X 28           | 7.3        | 15       | 175      |
| 120-5A        | 3/4      | 3 11       | 4              | 20 1/2 X 28       | 9.8        | 15       | 200      |

\* Dedicated horizontal venting permitted with 4" Dia. Plexvent gas vent.

\*\* Filter sized for bottom, cut for side application.

## DIMENSIONS

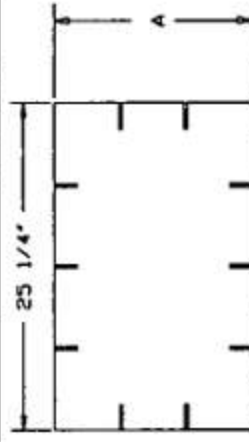


Clearances for Combustible Materials (all models)

| Sides | Rear | Top | Front* | Vent            |
|-------|------|-----|--------|-----------------|
| 1"    | 1"   | 1"  | 6"     | Plexvent B-1 1" |

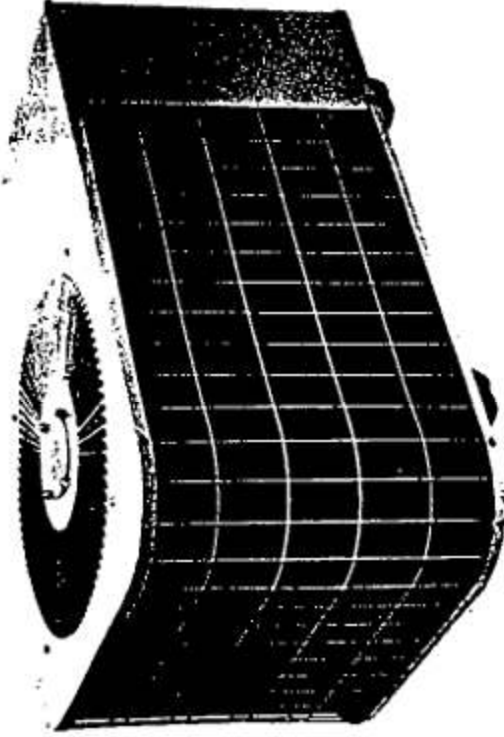
\* Accessibility clearance shall take precedence where greater

| MODEL  | A      | B      | C      | D      |
|--------|--------|--------|--------|--------|
| GUP    |        |        |        |        |
| 050-2A | 14     | 12 1/2 | 12 1/2 | 5 1/2  |
| 075-3A | 14     | 12 1/2 | 12 1/2 | 5 1/2  |
| 100-4A | 17 1/2 | 16     | 16     | 8 1/2  |
| 120-5A | 21     | 19 1/2 | 19 1/2 | 10 1/2 |



Optional clip in bottom plate (Bottom closure must be in place for side return application)  
24 Ga. Galv. Steel.

| Bottom Plate No. | A      | Furnace Width |
|------------------|--------|---------------|
| 18214-00         | 13 5/8 | 14            |
| 18214-01         | 17 1/8 | 17 1/2        |
| 18214-02         | 20 5/8 | 21            |



## 12 SEER SPLIT SYSTEM HIGH EFFICIENCY AIR CONDITIONING 2 THRU 5 TON

### DESCRIPTION / APPLICATION

- Outdoor Condensing Units For Ground level or Rooftop Applications
- Designed For Use With Evaporator Blowers and Coils

### CABINET CONSTRUCTION

- Powder Paint Finish With 500 Hr Salt Spray Approval
- Heavy Gauge/Zinc Clad

### ACCESSORIES

- XV-24-60 Expansion Valve Kit For Indoor Coil
- XV-36, XV-48, & XV-60 Non Bleed Expansion Valve Kit
- SK-X Hard Start Kit For Systems Where A Non Bleed Expansion Valve is Applied

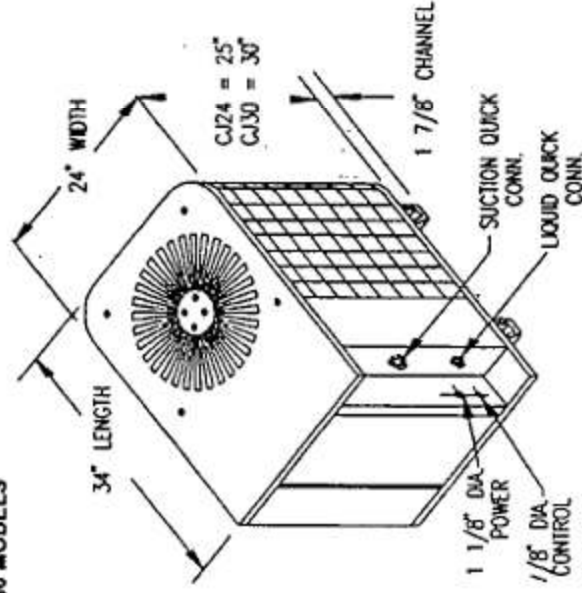
### STANDARD EQUIPMENT

- Quiet Operating Top Discharge
- Copper Tube, Aluminum Fin Coil Construction
- Brass Suction and Liquid Line Shut Off Valves
- Sweat Connections
- Fully Charged For 25' Tubing Length
- Totally Enclosed Permanently Lubricated Condenser Motor
- Isolated Compressor Compartment
- Hi Efficiency Performance
- Designed For PSC Operation
- Hermetically Sealed Compressor
- Liquid Line Filter Drier - Factory Installed
- Time Delay On Units With Scroll Compressors

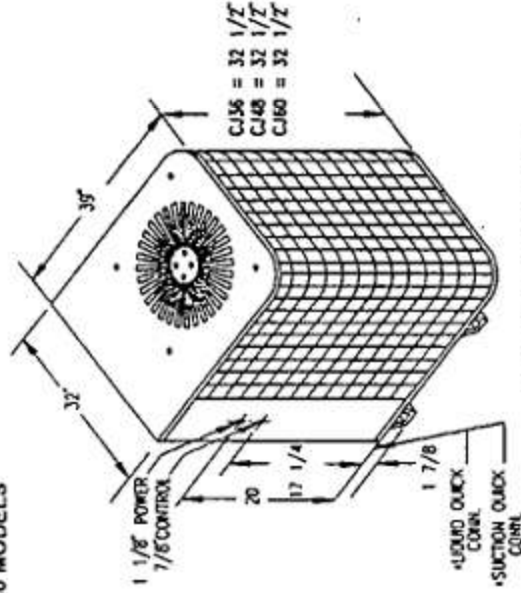
# PHYSICAL DATA

| Model  | Condenser    |         | Liquid | Suction | Type   | Approx. Shipping Wt. |
|--------|--------------|---------|--------|---------|--------|----------------------|
|        | Fan Dia. In. | Fan RPM |        |         |        |                      |
| CJ24-1 | 18           | 1080    | 3/8    | 5/8     | Serial | 132                  |
| CJ30-1 | 18           | 1080    | 3/8    | 3/4     | Serial | 175                  |
| CJ36-1 | 22           | 1080    | 3/8    | 3/4     | Serial | 220                  |
| CJ48-1 | 22           | 1080    | 3/8    | 7/8     | Serial | 233                  |
| CJ60-1 | 22           | 1080    | 3/8    | 7/8     | Serial | 265                  |

## DIMENSIONAL DATA CJ24-30 MODELS



## DIMENSIONAL DATA CJ36-60 MODELS



## ELECTRICAL DATA

| Model  | Volts   | PH | Wire Ampacity | Maximum Overcurrent Protection | Min. Volts | Max. Volts | Compressor RLA (A) | Cond. Fan FLA HP |
|--------|---------|----|---------------|--------------------------------|------------|------------|--------------------|------------------|
| CJ24-1 | 208/230 | 1  | 15.7          | 25                             | 253        | 107        | 12.9               | 62.5 1.3 1.6     |
| CJ30-1 | 208/230 | 1  | 18.2          | 30                             | 253        | 107        | 13.0               | 76.0 1.3 1.6     |
| CJ36-1 | 208/230 | 1  | 24.2          | 40                             | 253        | 107        | 20.0               | 90.5 1.8 1.6     |
| CJ48-1 | 208/230 | 1  | 32.1          | 45                             | 253        | 107        | 22.0               | 107 2.5 1.0      |
| CJ60-1 | 208/230 | 1  | 38.5          | 50                             | 253        | 107        | 26.4               | 129 2.5 1.0      |

\*May use buses or HACR type circuit breakers of the same size as noted

\*REAR TURNING ACCESS AVAILABILITY

## PERFORMANCE RATINGS

| Condenser Model | Evaporator Model  | Total BTUH | Seetable BTUH | SEER  | SRW BEUs |
|-----------------|-------------------|------------|---------------|-------|----------|
| CJ24-1          | U24M/C24H-38F     | 22000      | 16100         | 11.3  | 8.0      |
|                 | U324M/C24H-30     | 23000      | 16100         | 11.30 |          |
|                 | AW24-X24M-XX      | 23000      | 16100         | 11.30 |          |
|                 | EF24-XX-U324H-30  | 23000      | 16100         | 11.30 |          |
|                 | U38M/C24H-48F     | 24000      | 17800         | 12.00 |          |
| CJ30-1          | A30-XX            | 24000      | 17800         | 12.00 | 8.0      |
|                 | AW30-XX           | 27800      | 19400         | 11.00 |          |
|                 | A30-XX/U30/C30    | 28400      | 19800         | 11.20 |          |
|                 | U30C18-30H-38F    | 28400      | 19800         | 11.20 |          |
|                 | EF30-XX-U30C18-30 | 28400      | 19800         | 11.20 |          |
| CJ36-1          | U38M/C36H-48F     | 30000      | 20800         | 12.00 | 8.2      |
|                 | U38M/C36H-48F     | 30000      | 20800         | 12.00 |          |
|                 | U38M/C36H-48F     | 30000      | 20800         | 12.00 |          |
|                 | U38M/C36H-48F     | 30000      | 20800         | 12.00 |          |
|                 | U38M/C36H-48F     | 30000      | 20800         | 12.00 |          |
| CJ48-1          | A48-XX            | 37000      | 27750         | 12.00 | 8.4      |
|                 | A48-XX            | 37000      | 27750         | 12.00 |          |
|                 | A48-XX            | 42000      | 30000         | 11.00 |          |
|                 | A48-XX/XV48       | 42000      | 30000         | 11.20 |          |
|                 | U48M/C48H-48F     | 42000      | 30000         | 11.20 |          |
| CJ60-1          | U48M/C48H-48F     | 42000      | 30000         | 11.20 | 8.4      |
|                 | U48M/C48H-48F     | 42000      | 30000         | 11.20 |          |
|                 | U48M/C48H-48F     | 42000      | 30000         | 11.20 |          |
|                 | U48M/C48H-48F     | 42000      | 30000         | 11.20 |          |
|                 | U48M/C48H-48F     | 42000      | 30000         | 11.20 |          |

- Note: XX Of A Model Designates Electric Heat Quantity
- When Mix Match Outdoor and Indoor Units, The Indoor Unit Check-Factorator Must Match The Unit Size. See "A" Unit or Coil Instruction.

NOTE: SPECIFICATIONS AND PERFORMANCE DATA LISTED HEREIN ARE SUBJECT TO CHANGE WITHOUT NOTICE

State of N.J.  
Name of Enforcing Agency

Buick  
Municipality of

Ocean  
County

RATHER W E PEZZAMIA  
Name of Owner(s) in Fee

758 TALL OAKS DR  
Address

1422.07 19  
Block Lot

I am an applicant for:

- ☐ A Construction Permit  
☒ A Certificate of Occupancy

I being the Owner in Fee and being of full age, duly sworn upon my oath depose and say that a new home (will be) (has been) constructed on this property for personal use and occupancy by me.

I hereby attest that all design, construction, plumbing or electrical work (will be) (has been) done 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 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.

Catherine Luggan  
Signature

Sworn and Subscribed to  
before me this 4 Day of Feb 1993.

Despina K Lines

DESPINA K. LINES  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires March 13, 1994

AFFIDAVIT

in Support of Application  
for a Construction Permit and  
for a Certificate of Occupancy

Pursuant to N.J.A.C.

5:23-2.5(b) 2:1 and 5:23-2.7(b)3

INSPECTOR:

JOB: Tall Oaks Estates  
SU# 145D

WEATHER:

Sunny

TEMPERATURE:

50°s

SECTION:

Herbersville

DATE:

2-5-93

TYPE OF WORK:

Final Eng

LOCATION:

758 Tall Oaks Dr

BLOCK:

1422.07

LOT:

19

ENGINEERING RECOMMENDATIONS FOR  
CERTIFICATE OF OCCUPANCY  
INSPECTION CHECK LIST

| ITEMS TO BE COMPLETED                           | COMPLETED       | DEFICIENT |
|-------------------------------------------------|-----------------|-----------|
| 1. Driveway                                     | ✓               |           |
| 2. Grading                                      | ✓               |           |
| 3. Sidewalk                                     | ✓               |           |
| 4. Road Pavement                                | (No FASE)       |           |
| 5. Landscaping & Sodding                        | ✓               |           |
| 6. Clean-up Procedures                          | ✓               |           |
| 7. Note on going construction in immediate area | on going - left |           |
| 8. Safety                                       | ✓               |           |

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐

PLANNING BOARD ENGINEER

☐

MUNICIPAL ENGINEER

for H.O.  
2/5/93

\_\_\_\_\_, Authorized representative of \_\_\_\_\_,

\_\_\_\_\_, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution thereof within \_\_\_\_\_ days of the issuance of Certificate of Occupancy.

Jan 8, 1993

To whom it may concern

There is to advise that I have fired  
COC General Contractor from the job at  
708 Tall Oaks Ln, Brick, NJ as of  
this date 1-8-93

I will take full responsibility  
for all work being done to complete  
construction of this house and act  
as my own general contractor.

This will further advise that I  
have never acted as a general  
contractor in the past.

Catherine Pappas

Feb. 5, 1993  
Despina K. Lines

DESPINA K. LINES

NOTARY PUBLIC OF NEW JERSEY

My Commission Expires March-13, 1994

# The Brick Township Municipal Utilities Authority

COMMISSIONERS  
JOHN C. EKARIUS  
CHAIRMAN  
THOMAS G. MAIORINE  
VICE-CHAIRMAN  
MICHAEL THULEN  
SECRETARY  
WILLIAM MILLER  
TREASURER  
ALAN COHEN  
ASST. SEC/TREAS

1551 HIGHWAY 88 WEST • BRICK, NEW JERSEY 08724-2399

PHONE: (908) 458-7000 • FAX: (908) 458-7725

KEVIN F. DONALD  
Executive Director

## APPLICATION FOR AUXILIARY METER

DATE: 1/26/93

APPLICANT'S NAME Nielsen, Ronald TELEPHONE # 920 1695

MAILING ADDRESS: 241 Cherry Quay Rd.

SERVICE LOCATION: 758 7211 Oaks

ACCOUNT#: HW 5-7966851 BLOCK: 1422.07 LOT: 19

SIZE OF EXISTING SERVICE: 1" SIZE OF EXISTING METER: 1"

APPLICANT'S SIGNATURE Ronald Nielsen AUTHORITY REPRESENTATIVE Ronald Nielsen

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

After completing this application the following steps must be taken:

- 1- Obtain special device permit from the Township of Brick Plumbing Department.
- 2- A licensed plumber or homeowner must cut into the pipe before the existing yoke and install a second meter yoke.
- 3- Call Township of Brick Plumbing Dept. for inspection (477-3000).
- 4- Upon approval from the plumbing inspector a second meter will be installed. A copy of the completed permit will be required before the meter is installed. Contact the BTMUA for the meter installation.
- 5- A charge for the cost of the meter will be applied to the first billing. Bills for water only will be sent on this account quarterly.

IDENTIFICATION:

SITE: 758 Tall Oaks Dr. BLOCK: 1422.07  
OWNER: Nicola & Caterine Prezzama AGENT: SAME  
ADDRESS: 19 Clausen Rd.  
Edison, N.J. 08817

\*\*\*\*\*

ACTION:

DATE OF NOTICE: 10-22-92  
DATE OF INSPECTION: 10-21-92  
COMPLIANCE DUE DATE: 10-30-92  
\*\*\*\*\*  
TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations thereunder in that:

GIRDERS NOT INSTALLED AS PER PLAN  
You are ordered to terminate the said violation(s) on or before 10-30-92. No Certificate of Approval will be issued unless the said violation is corrected.

(x) Failure to comply with this Order will subject you to a penalty of \$ 500 per day.

( ) You are hereby ordered to pay a penalty in the amount of \$ for each violation for a penalty of \$ . Each that any of said violations remain outstanding after shall result in an additional penalty of \$ per

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Ocean County Construction Board of Appeals within 20 business days of the receipt of these Orders. The Application to the Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$100.00 to be forwarded with your application to the Board of Appeals office at Building 100, Toms River, NJ 08753.

\*\*\*\*\*  
If you have any questions concerning this matter, please call: 908-477 3000 Division of Inspections

Notice of violation and order to terminate:

Ray Korkowski

Notice and order of penalty:

Arthur J. Cierzo

100.

*Arthur J. Cierzo*

\*\*\*\*\*

\*\*\*\*\*

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call:

*g*



Stevan J. Zboyan, Mayor  
Township Council:  
Andrew R. Ciesla, President  
Albert Chrobocinski  
Helen Fayad  
Leo Hartman  
Thomas G. Maiorine  
Warren H. Wolf  
David W. Wolfe



Department of Engineering  
Jerome J. Tansey, P.E., P.P.  
Municipal Engineer  
(201) 477-3000, Ext. 273  
Richard E. Garnett, L.S., P.P.  
Municipal Surveyor/Planner  
(201) 477-3000, Ext. 277  
Fax: (201) 920-4850

MAJOR SUBDIVISION CHECKLIST

DEVELOPMENT: Tall Oaks PLANNING BD: 1452  
CONTRACTOR: C.P.C. General Contractor  
BLOCK 1422.07 LOT 19 SECTION \_\_\_\_\_  
ADDRESS Tall Oaks Dr

ABOVE ITEMS MUST BE COMPLETED, BEFORE ACCEPTING PLOT PLAN

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

ACCEPTED: ✓ SIGNED [Signature] DATE 4-22-92

REJECTED: \_\_\_\_\_ REASON (S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_



41280-02

