Called 1/10/94 gs L.M.

BLOCK 1422.07 LOT 19 ADDRESS (SITE) 758 TALL OAKS DRIVE PERMIT NO. 2433-94

CALLED 1-19-94

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 758 TALL OAKS DRIVE
2. Name of Owner in Fee: NICOLA CATHERINE PAEZZAMA Tel. ([redacted]
   Address 758 TALL OAKS DRIVE (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Modular Associates Tel. ( ) 270-3553
   Address 189 Hwy 37 E Toms River
   License No. OR, if new home, Builder Reg. No. 01565 Exp. Date 11/93
   Federal Emp. No. 221-965679 Social Security No. _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ 244-3835
6. Responsible Person in Charge of Work Ronald Pingrey Tel. ( ) 270-3553

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	32-		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	32-		
7. Less 20% for State Plan Review		5-		
8. Subtotal	$			
9. DCA Training Fee		6-		
10. Subtotal	$			
11. Cert. of Occupancy		20-		
12. Other				
13. TOTAL	$	63-		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	8 ft.	
3. Area—Largest Floor	224 sq. ft.	
4. New Building Area	224 sq. ft.	
5. Volume of New Structure	3500 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	224 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	2900.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			1-10-94	RC			
Emy	1/4/93		1/4/93	Rick			

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10213609

20k

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

(X) Check if contractor.

Agent Name Modular Associates

Address 189 Hwy 37E

Toms River

Telephone (908) 270-3555

Signature _____ Date 6-22-93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☒ Zoning Officer SC	12/31/93	porch							
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

4-4-94

IMPORTANT
A.H.B.T. - EXEMPT

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

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

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

PLAN REVIEW SHEET

NAME: _____ DATE: _____

ADDRESS: _____ NEW SUBMITTAL ( )

DESCRIPTION: _____ REVISION ( )

ZONING:

DATE RECEIVED: _____ _____

DATE APPROVED: _____ _____

_____

BUILDING:

DATE RECEIVED: _____ _____

DATE APPROVED: _____ _____

_____

PLUMBING:

DATE RECEIVED: _____ _____

DATE APPROVED: _____ _____

_____

ELECTRIC:

DATE RECEIVED: _____ _____

DATE APPROVED: _____ _____

_____

FIRE:

DATE RECEIVED: _____ _____

DATE APPROVED: _____ _____

_____

CERTIFICATES ISSUED

DATE ISSUED: _____ BUILDING: _____ TEMP. ( ) FINAL ( )

DATE ISSUED: _____ PLUMBING: _____ TEMP. ( ) FINAL ( )

DATE ISSUED: _____ ELECTRIC: _____ TEMP. ( ) FINAL ( )

DATE ISSUED: _____ FIRE: _____ TEMP. ( ) FINAL ( )

CONSTRUCTION PERMIT

Date Issued 9-20-9
Control #
Permit # 2633-9

NTIFICATION Block 1422.07 Lot 19

k Site Location 758 [illegible] Contractor [illegible]

Address 189 [illegible] 37

er in Fee [illegible] T.K

ress [illegible] Tele. ( )

T.K. Lic. No. or Bldrs. Reg. No. Exp. Date

. ( ) [redacted] Federal Emp. No.

or Social Security No. ##0007#

ereby granted permission to perform the following work:

BUILDING [ ] PLUMBING [ ] OTHER

ELECTRICAL [ ] FIRE PROTECTION

CRIPTION OF WORK:

PAYMENTS (Office Use Only)	
Building	32
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	20
Other	
Total	52
Check No.	
Cash	
Collected By:	

E: If construction does not commence within one (1) year of date of issuance, or if truction ceases for a period of six (6) months, this permit is void.

nated Cost of Work $ 2400

CONSTRUCTION OFFICIAL

C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9-20-94
Date Issued
Control #
Permit # 2633-94

4

CHUCK
9-21-94

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 754 TALL OAKS
BRICKTOWN
Owner in Fee SUE BALL
Address 754 TALL OAKS
BRICKTOWN
Tele. ([redacted]
Contractor Modular Associates dba Centennial
Address 189 Hwy 37E
Toms River
Tele. ( ) 270-3555
Lic. No. or Bldrs. Reg. No. 01565
Federal Emp. No. 221-96567G or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All	11/94		Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure 8'10± Ft.
Area—Largest Floor 144 Sq. Ft.
Total Bldg. Area/All Floors 144 Sq. Ft.
Volume of Structure 1166 Cu. Ft.
Total Land Area Disturbed 144 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ 2900

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
12x12 CENTENNIAL SUNPORCH ON EXISTING FOUNDATION
SEE PREVIOUS PLANS

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other SUNPORCH
[ ] Demolition
[ ] Miscellaneous
[ ] Fence ____ Height
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)

FEE	
	$
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$

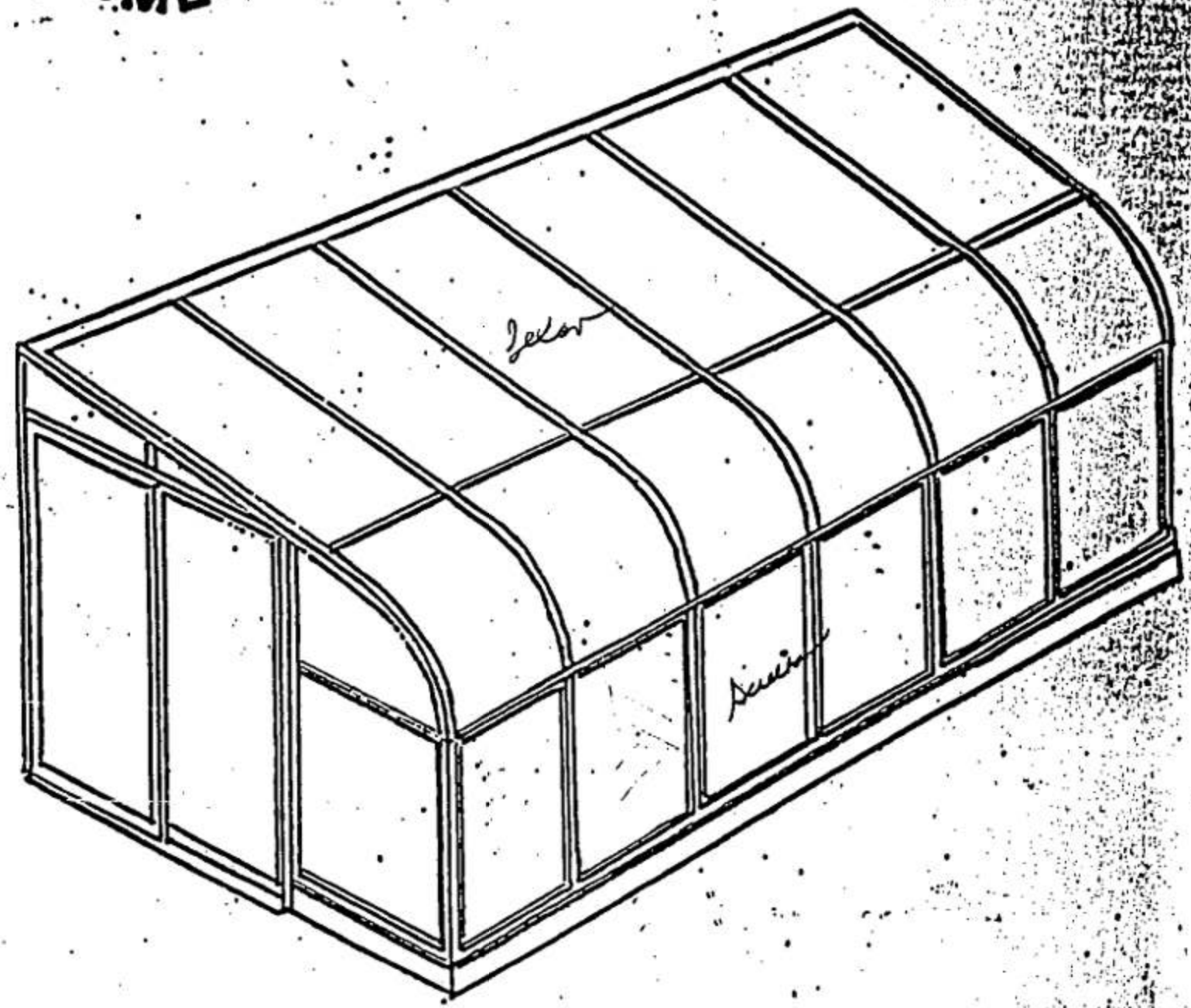
Paid [ ] Check # ____
Collected by: ____

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

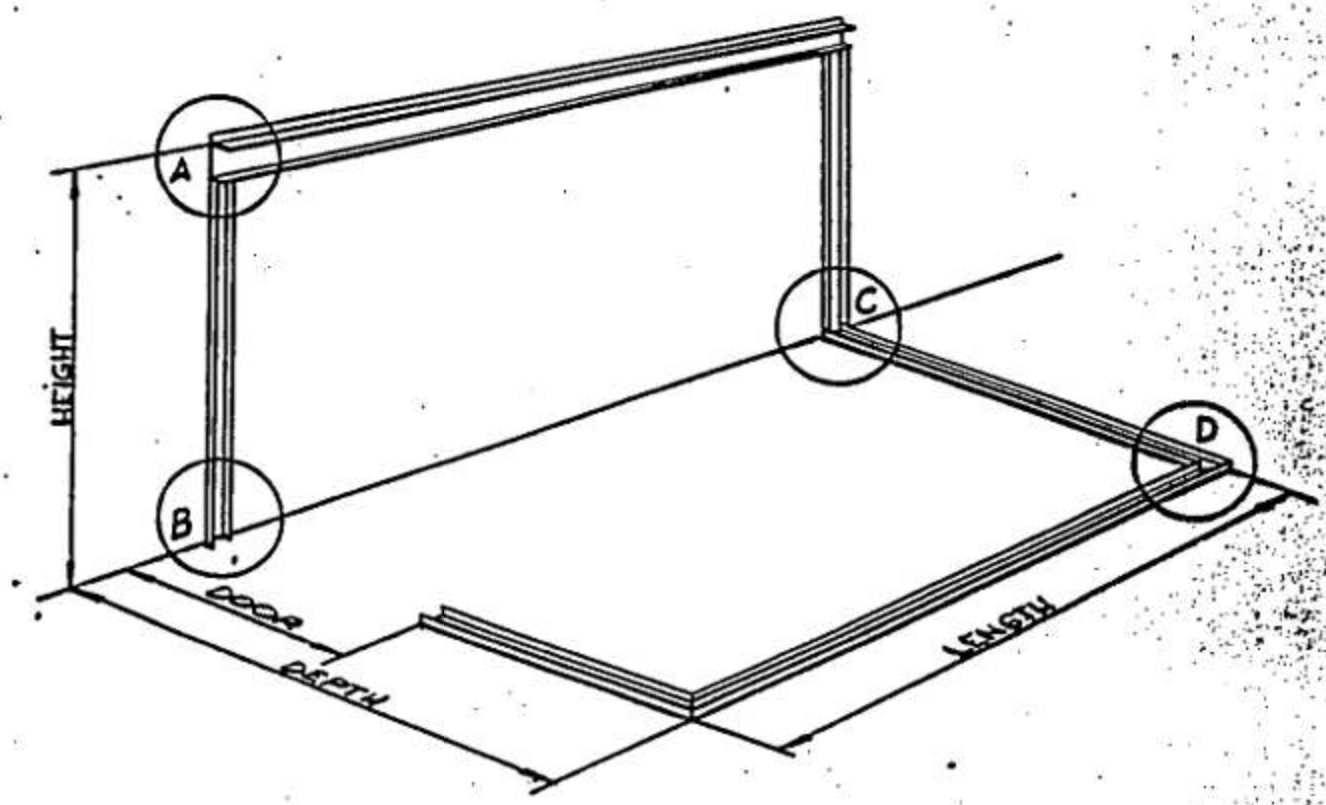
CENTENNIAL HOMES

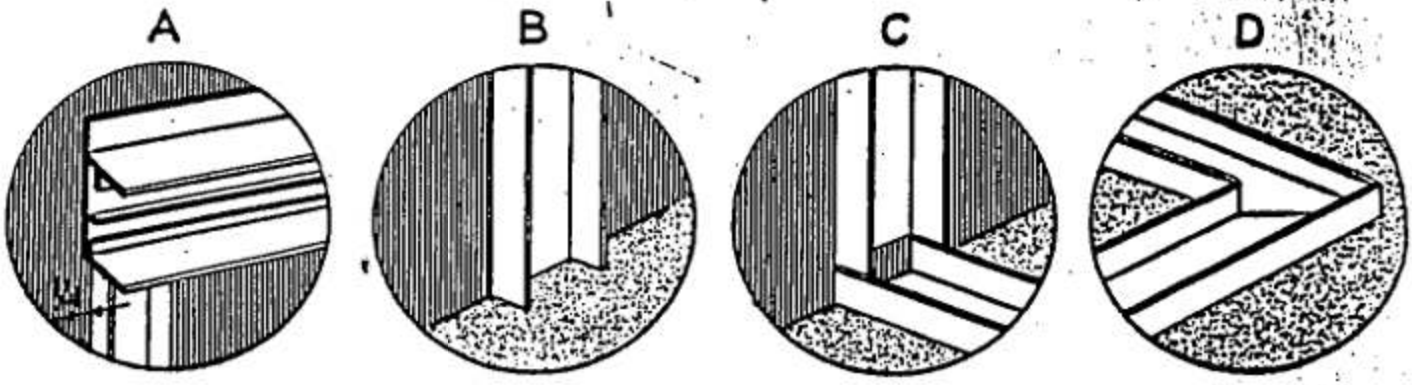
SALES DIVISION

[illegible] HIGHWAY 37 EAST
TOMS RIVER, N.J.
[illegible]



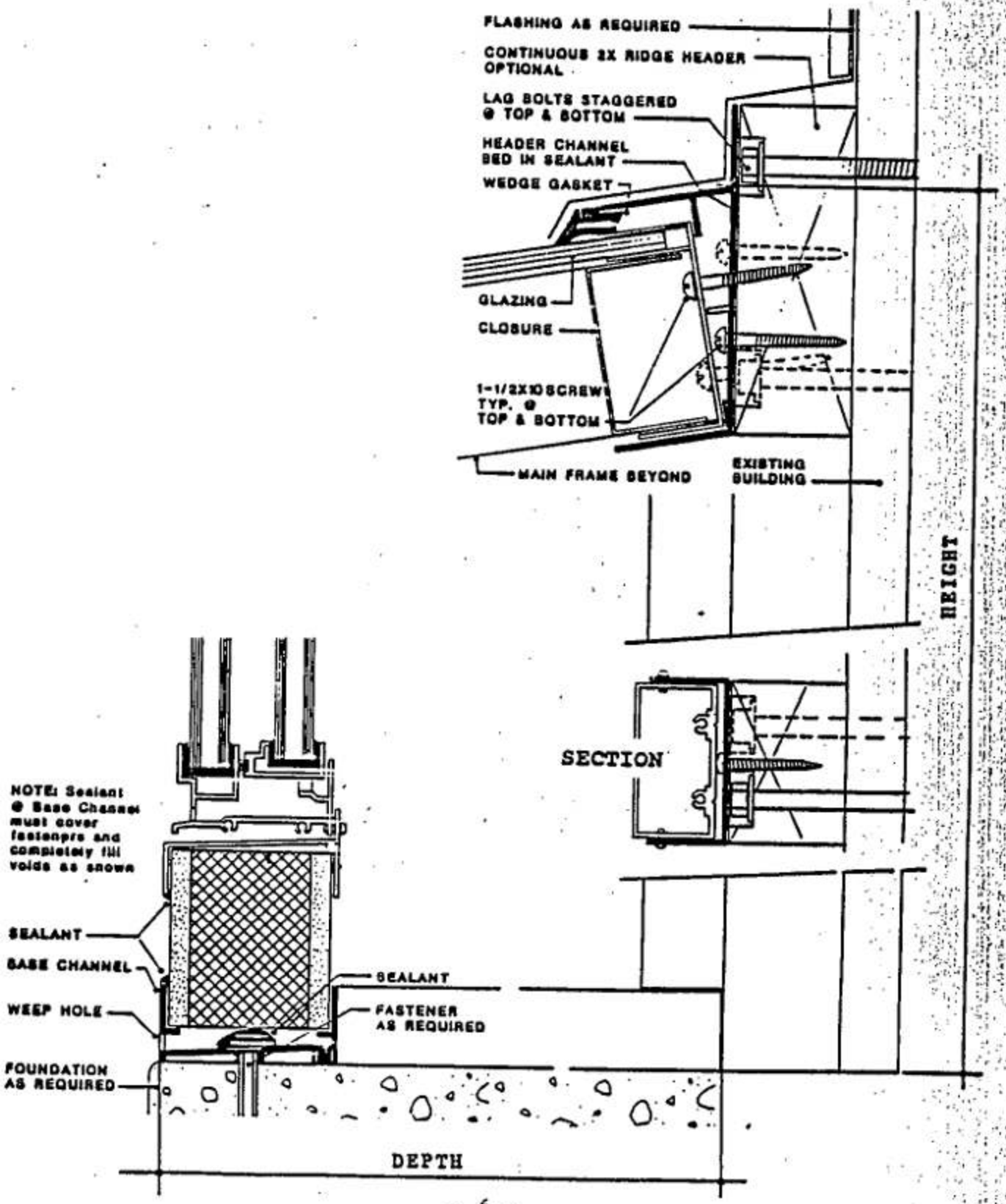
Set the bottom channel to the inside of the chalk line and drill the bottom channel and the foundation for the appropriate fasteners. Clean the surface of the foundation. Caulk and install the bottom channel. Ends of the bottom channel and any joints should be caulked. If water should seep into the wall, it will be trapped in the bottom channel and forced out the weep holes.

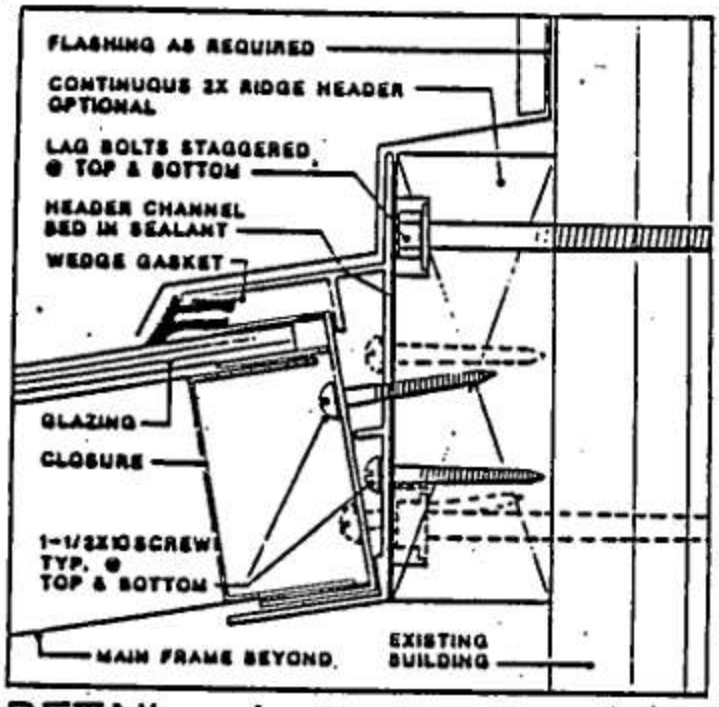




A) ACCEPTANCE CHANNEL(AC) AT HEADER CHANNEL(HC).HEADER CHANNEL EXTENDS ½" BEYOND ACCEPTANCE CHANNEL.
B) ACCEPTANCE CHANNEL(AC) AT SLAB(FLOOR).THIS IS THE CONDITION WHEN A DOOR WILL BE NEXT TO THE EXISTING WALL.
C) ACCEPTANCE CHANNEL(AC) AT BOTTOM CHANNEL. THIS IS THE CONDITION WHEN A WINDOW WILL BE NEXT TO THE EXISTING WALL. NOTE THAT THE ACCEPTANCE CHANNEL IS TO BE SET ON TOP OF BOTTOM CHANNEL.
D) MITERED CUT AT FRONT WALL AND END WALL BOTTOM CHANNEL.

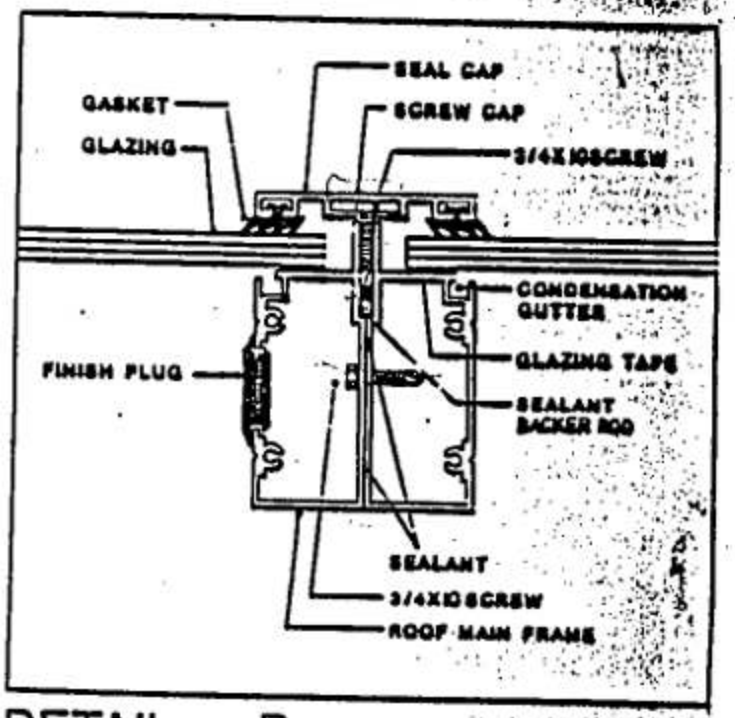
Cut the acceptance channel to the appropriate height. Starting at either end wall post, install the acceptance channel plumb, and square.





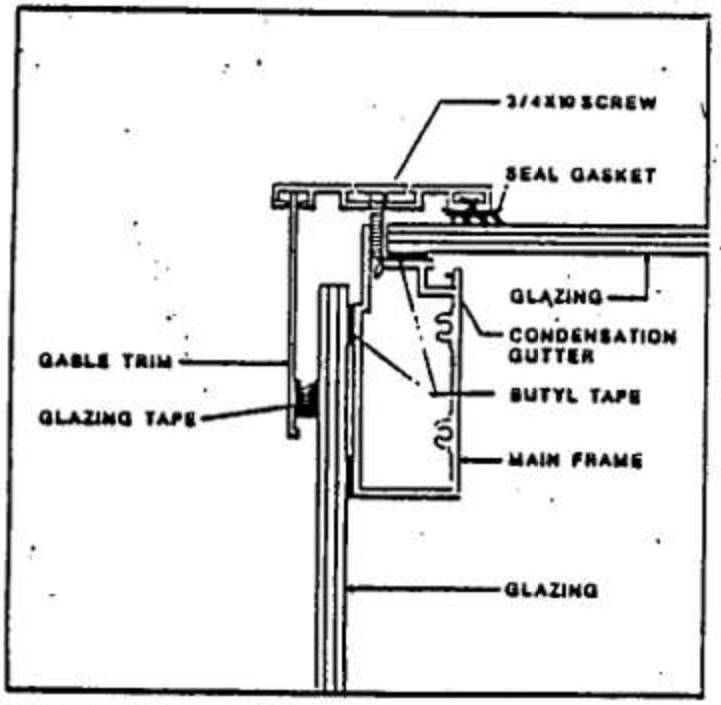
DETAIL A

HEADER CHANNEL



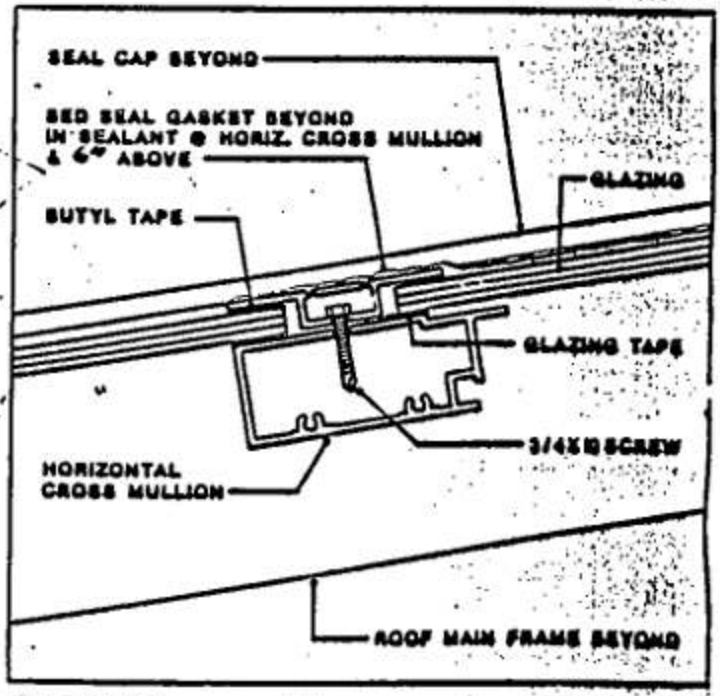
DETAIL B

ROOF MAIN FRAME



DETAIL C

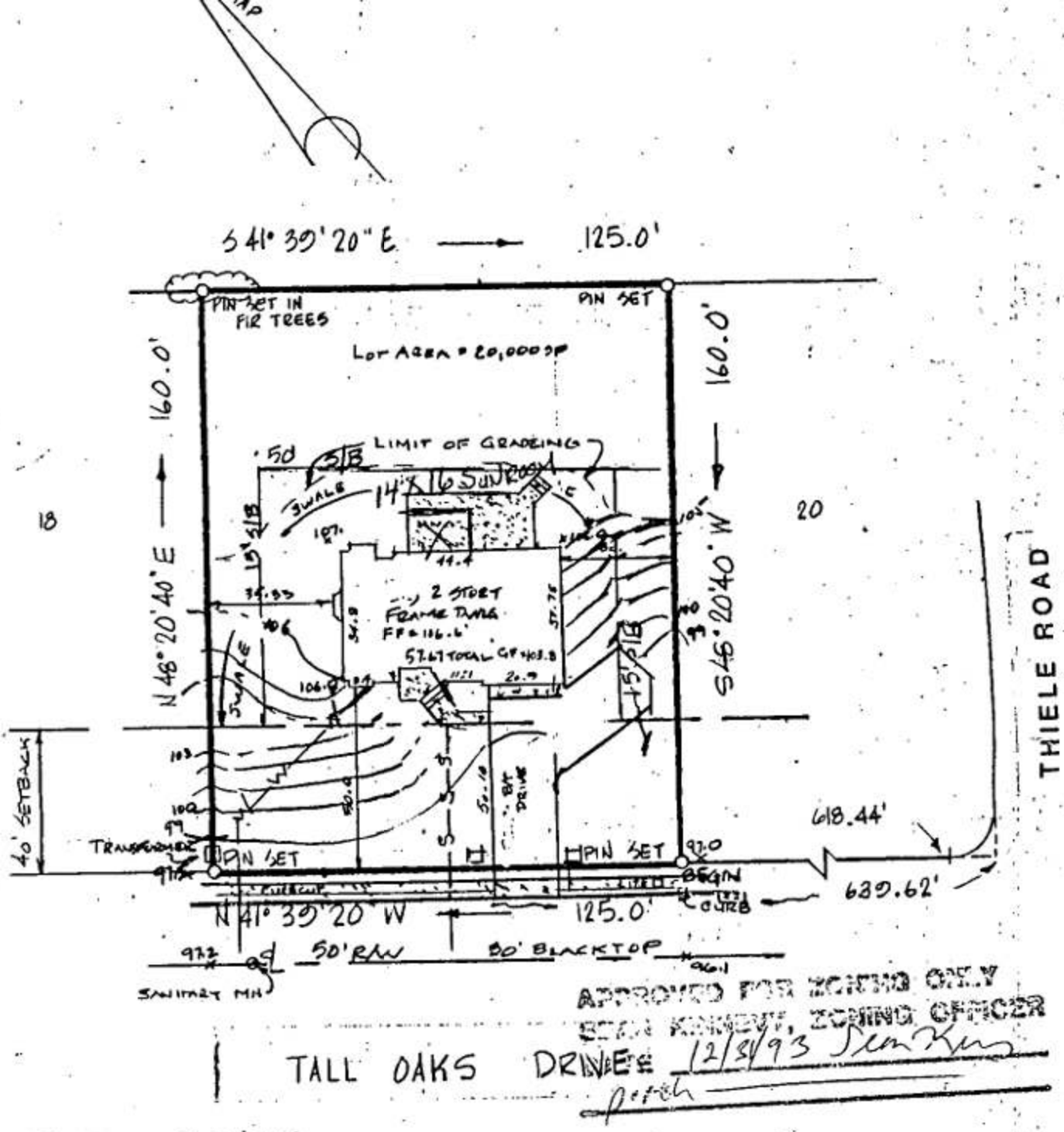
MAIN FRAME @ END WALL



DETAIL D

HORIZONTAL MULLION

1-10-94



25MAY93 FINAL SURVEY
*FOUNDATION LOCATION: 8/7/92
1APRIL92 - PROP DWLG GRADING

SURVEY of PROPERTY

LOT(S) 19 BLOCK 1422.07 TAX SHEET

BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

a/k/a lot 19, block 1422.07, "Final Major Subdivision Robin Hill Estates lot 12, block 1422" filed 10/8/86, I-1747

HOUSE NO. 75B TALL OAKS DRIVE 2 STORY 1 FAMILY DWELLING

CERTIFIED TO NIKOLA PREZZAMA & CATHERINE PREZZAMA H/W, AMERICAN HOME FUNDING, INC., ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR, COASTAL TITLE AGENCY INC.) KERRY E. HIGGINS, ESQ.

CERTIFICATION

THIS CERTIFICATION IS MADE ONLY TO NAMED PARTIES FOR PURCHASE AND OR MORTAGE OF HEREIN DELINEATED PROPERTY BY NAMED PURCHASER. NO RESPONSIBILTY OR LIABILTY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

IN CONSIDERATION OF FEE PAID, I HEREBY CERTIFY THIS A TRUE AND ACCURATE SURVEY MADE ON THE GROUNDS AND CONDITIONS SHOWN ARE AS THEY EXIST THIS DATE.

Registered Architect Lic. No. C-6316
Professional Engineer Lic. No. 13450

EDWARD ANGSTER