

8324
BLOCK 14 LOT 14 QUALIFICATION CODE C21-27 ADDRESS (SITE) 11651 Forge Road PERMIT NO. 02-0863



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 11651 Forge Road Brick 07124

2. Name of Owner in Fee: Mrs. Mary Ann March Tel. () 08158

Address 11651 Forge Road Back NJ 07124 zip code

3. Ownership in Fee: Public Private ☒ Municipality

4. Principal Contractor: AS C Lewis Inc Tel. () 732-349-0516

Address 1885 Route 9, Toms River NJ 08158

License No. OR, if new home, Builder Reg. No. 8599 Exp. Date

Federal Employee No. 22-2609882 FAX: ()

5. Architect or Engineer: Adam Urbanowicz Tel. ()

Address 1321 349-0516 FAX () 732-349-0939

6. Responsible Person in Charge of Work: Adam Urbanowicz

Tel. () 732-349-0516 FAX () 732-349-0939

Back Flow Preventer

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☐ Fire Protection	
6. ☒ Plumbing	<u>150.00</u>
7. ☐ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	<u>150</u>

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>11651</u>	<u>3/10/02</u>					

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

1. ☐ Elevators/Escalators/Lifts/...

2. ☐ Dumbwaiters/Moving Walks

3. ☐ High Pressure Boilers

4. ☐ Pressure Vessels

5. ☐ Refrigeration Systems

6. ☐ Cross-Connections/Backflow Preventers

7. ☐ Hazardous Uses/Places of Assembly

8. ☐ Sprinklers

9. ☐ Smoke Control Systems in Open Wells

10. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing	<u>95</u>	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review		
8. Subtotal		
9. DCA Training Fee		
10. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL	<u>95</u>	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1

2. Height of Structure 1 ft.

3. Area - Largest Floor 1 sq. ft.

4. New Building Area 1 sq. ft.

5. Volume of New Structure 1 cu. ft.

6. Construction Classification 1

7. Total Land Area Disturbed 1 sq. ft.

8. Flood Hazard Zone 1 ft.

9. Base Flood Elevation 1 ft.

10. Wetlands 1 yes 1 no

11. Max. Live Load 1

12. Max. Occupancy Load 1

(office use only)

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: 1

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 10102487

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

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

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

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

☐ Check if contractor.

Agent Name

ASC Launs Inc

Address

1889 Route 97

Telephone

(732) 349-0576

Signature

Toms Renu NJ 08755

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED	(office use only)	DATE ISSUED	DATE EXPIRED	DATE 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. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

04/01/02 8:53AM 00000040481
0004 SERV.004

\$95.00
\$95.00
\$95.00
\$0.00

#863
PLUMBING
TOTAL
CHECK
CHANGE
UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 04/01/2002
Control # 02-0863
Permit # 02-0863

IDENTIFICATION Block 27 Lot 14 Qual

Work Site Location 1651 FORGE POND RD
SEPRINKLER SYSTEM
Owner in Fee MUNICI. ROBERT
Address SAME
BRICK, NJ 08724-
Telephone [REDACTED]
Contractor A & C LAWS INC
Address 1889 ROUTE 9 UNIT 12
TOMS RIVER, NJ 08755-
Telephone (732) 349-0576
Lic. No. or Bldgs. Reg. No. 3599
Federal Emp. No. 22-2609882

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:
SPRINKLER SYSTEM

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 \$ 150

Construction Official

04/01/2002
Date

O.C.C. #110 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	95
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Total	95
Check No.	3057
Cash	
Collected By	TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/20/2002
Date Issued 4/11/02
Control # C21-27
Permit # 62-0863

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING D. TECHNICAL SITE DATA (List all fixtures.)

Block 834 Lot 14 Qual _____
Work Site Location 1651 FORGE POND RD

SPRINKLER SYSTEM

Owner in Fee MUNCH, ROBERT

Address SAME

DRIVER NJ 08754-

Tele [REDACTED] Fax ()

Contractor A & C LAWS INC

Address 1889 ROUTE 9 UNIT 12

TOMS RIVER, NJ 08755-

Tele. (732)349-0576

Lic. No. or Bldgs. Reg. No. 8599

Federal Emp. No. 22-2609882

B. PLUMBING CHARACTERISTICS

Use Group Present 0 Proposed 0

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Sewer Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

☐ Bldg ☐ Elect

☐ Fire ☐ Elevator

☐ Plumb. Plans Approved

Date: 3-22-02

Approved By: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CC ☒ CA

Approved By: [Signature]

Date: 4-30-02

Backflow

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

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

0

Urinal / Bidet

0

Bath Tub

0

Lavatory

0

Shower

0

Floor Drain

0

Sink

0

Dishwasher

0

Drinking Fountain

0

Washing Machine

0

Hose Bib

0

Water Heater

0

Fuel Oil Piping

0

Gas Piping

0

Steam Boiler

0

Hot Water Boiler

0

Sewer Pump

0

Interceptor / Separator

0

Backflow Preventer

35

Greasetrap

0

Sewer Connection

0

Water Service Connection

0

Stacks

0

Other 15 HEADS

60

Other

0

Administrative Surcharge

\$

Minimum Fee

\$

TOTAL FEE

\$

DCA Training Fee

\$

Paid ☐ Check \$

Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/20/2002
Date Issued 4/11/02
Control # C21-27
Permit # 62-0863

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 27 Lot 14 Quad
Work Site Location 1651 PORCE POUD RD
SPRINKLER SYSTEM

Owner in Fee MUNCH, ROBERT

Address SAME

Permit # 02774

Tele. () For ()

Contractor A & C LARNS INC

Address 1289 ROUTE 9 UNIT 12

TOMS RIVER, NJ 08785-

Tele. (732) 349-0576

License No. or Bldg. Reg. No. 8399

Federal Emp. No. 22-2609882

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved

Date: 3-22-02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By:

Date:

INSPECTIONS
Type Failure Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TCO

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other 15 HEADS

Other

FEE (Office Use Only)

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other 15 HEADS

Other

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 95

DCA Training Fee \$ 0

Paid [] Check \$

Collected by:

DCA Training Fee

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/20/2002
Date Issued 4/1/10
Control # C21-27
Permit # 62-0563

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-372-1000

B. TECHNICAL SITE DATA (List all fixtures.)

Block 27 Lot 14 Quasi
Work Site location 1631 FORGE POND RD
SEWELER SYSTEM

NO. FIXTURE/EQUIPMENT FEE (Office Use Only)

Owner in Fee MURCH, ROBERT
Address 3416
BRICK, NJ 08724
Contractor A & C LANDS INC
Address 1809 ROUTE 9 UNIT 12
TOWNSHIP OF BRICK, NJ 08725
Phone (732) 349-0516
Lic. No. or Bldg. Reg. No. 3199
Federal Emp. No. 22-2600881

Water Closet 0
Urinal / Bidet 0
Bath Tub 0
Lavatory 0
Shower 0
Floor Drain 0
Sink 0
Dishwasher 0
Drinking Fountain 0
Washing Machine 0
Hose Bib 0
Water Heater 0
Fuel Oil Piping 0
Gas Piping 0
Steam Boiler 0
Hot Water Boiler 0
Sewer Pump 0
Interceptor / Separator 0
Backflow Preventer 0
Greasetrap 0
Sewer Connection 0
Water Service Connection 0
Stacks 0
Other 15 HEADS 60
Other 0

R. PLUMBING CHARACTERISTICS
Use Group Present 0 Proposed 0
Building Sewer Size 1 Public Sewer 1 Private Septic
Water Sewer Size 1 Public Water 1 Private Well
Estimated Cost of Plumbing Work \$ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required
Joint Plan Review Required:
1 Bldg 1 Elect
1 Fire 1 Elevator
1 Plumb. Plans Approved

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

8 Lab 0
Rough 0
Water 0
Sewer 0
Fixtures 0
Gas Equip. 0
Gas Piping 0
Soleil 0
TCO 0

Approved By: 3-3-02
SUBCODE APPROVAL
1 CO 1 CO2 1 CA

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 95
DCA Training Fee \$ 0

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.

Paid by Check \$
Collected by: DCA Training Fee \$

Signature/Contractor Seal
1 Licensed Plumbing Contractor 1 Exempt Applicant

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: AAC Lums Inc
Address: 1889 Route 9
Toms River NJ 08155
Phone #: 732 349-0576
Lis #: 8559
Federal Emp # or SSN 22-2609882

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

Technical Data

Fixtures Quantity

Water Closets _____
Urinals/Bidets _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bib _____
Gas Piping _____
Fuel Oil Piping _____
Water Heater _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Water Cooled A/C or Refrig. Unit _____
Septic Tank Closure _____
Sewer Service Connection _____
Water Service Connection _____
Active Solar System _____
Auxiliary Meter _____
Sprinkler Heads 15
Sump Pump _____
Other: _____

Technical Data

Description of Work:

Heating Type: Gas Oil Electric Solar
Heating System is New Existing
Location of Furnace/Boiler: _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

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

Item Quantity

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
Total _____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

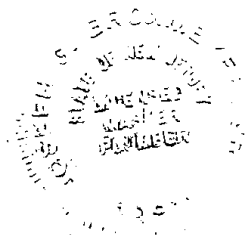
Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Plumbing Work 150.00

Signature: _____

Please Print Name: Adam Urbanowicz

CONTRACTOR'S SEAL



Estimated Cost of Fire Work _____

Signature: _____

Print Name: _____