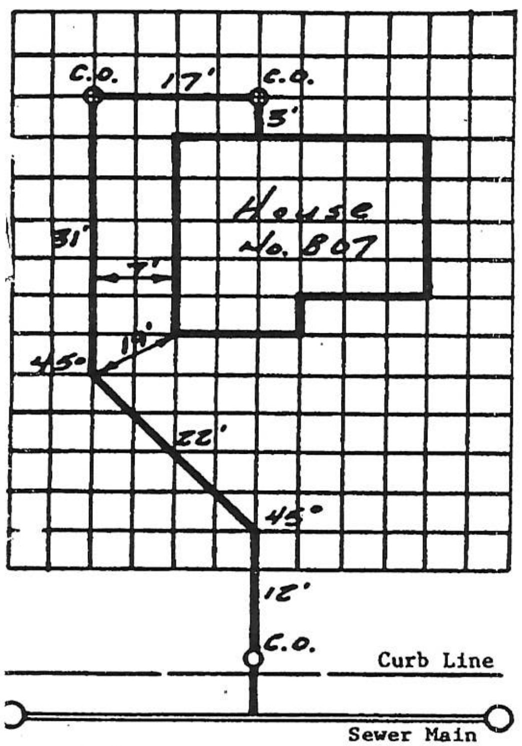
SAMPLE OF SKETCH THAT MUST BE COMPLETED ON APPLICATION FORM



JONES ST.
(Street)

PIPE MATERIAL PVC Schedule 40
PIPE DIAMETER 4"
SLOPE 1/8" per foot

APPLICATION FOR SEWER CONNECTION	TOWNSHIP OF WALL		PERMIT NO: 3433 DATE: 9-16-85 FEE PAID:
Property Owner (Please Print) FRED + MARCELLA RYAN	Present Address 2415 ALGONKIN TRAIL		Telephone No: 52
Address of Sewer Connection 2415 ALGONKIN TRAIL MANASQUAN, N.J.			Block No. 317 / Lot No. 4
Licensed Plumber & Lic. No. C+R	Address		Telephone No:

NOTES:
Show all required information on this sketch, on back of sheet, or on attachments.

Type of Structure:
Single Family Dwelling ✓
Other ____

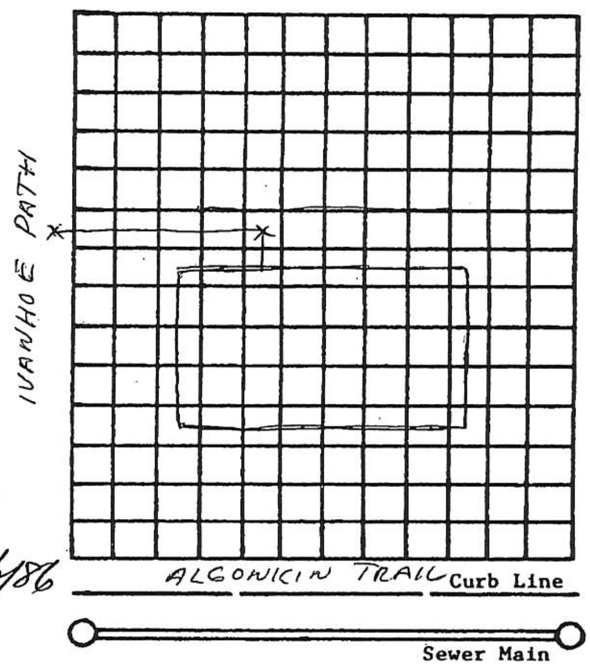
Date of which connection must be made (60) days after notification ____

Signed by Frederick A. Ryan
(Property Owner)

Application Approved by [signature]

Inspected by [signature] [illegible]/86
(Date)

Final Approval ____
(Date)



(Street)
PIPE MATERIAL ____
PIPE DIAMETER ____
SLOPE ____

Connect to Ivanhoe Path

TOWNSHIP OF WALL
SOUTHEAST SANITARY SEWER SYSTEM

C & R

Contract No. 2
Drawing No. 120

SEWER HOUSE CONNECTION FORM

STREET: 2415 Algonkin Trail

OWNER'S NAME: Fred A. Ryan PHONE: _____

TAX MAP BLOCK: 317 LOT: 4
(Please insert above information)

Dear Property Owner:

The Township of Wall is in the final stage of planning for its sanitary sewerage facilities for which construction will start this summer. We are now collecting data so as to locate your Sewer Lateral connection at a place where you want it. Therefore, we request that you fill in this form and return it to us as soon as possible.

The sewer contractor will extend a 4-inch diameter pipe to a point one foot inside the edge of the road at the location you specify. The sewer from that point to your house will be your responsibility.

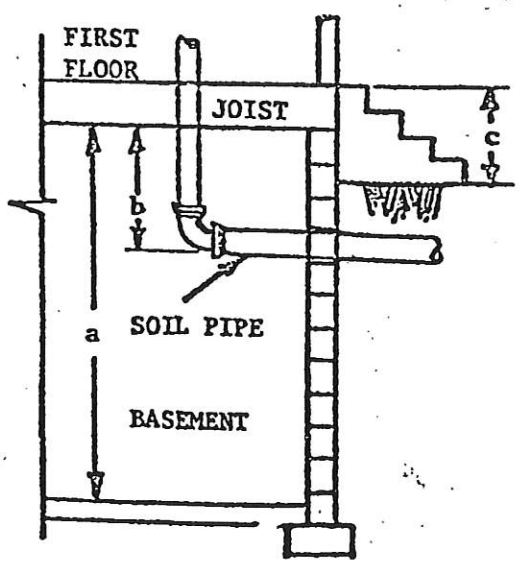
It is suggested that you consult with a plumber, if you have any questions, as to the most economical location and depth for your house connection. For corner lots, a connection to the side street can be installed if a sewer is planned for the side street.

Please complete the two (2) copies of this form, keep one (1) copy for your records and return one (1) copy within two (2) weeks from mailing date to:

BIRDSALL, GERKEN & DOLAN, P.A.
P. O. BOX 1429 / 2807 HURLEY POND ROAD
WALL, NEW JERSEY 07719

(BUILDING INFORMATION):

1. Type of House (Please check one) Ranch _____ Split Level _____ Bi-Level _____ Other Cap Cod
2. The building has a basement ✓, crawl space _____
   The building is a slab house _____, other _____
3. Is it a corner house: Yes ✓ No _____
4. Sanitary Facilities in the Basement (please check which ever applies)
   Bathroom _____ Shower _____ Washing Machine ✓ Other _____
5. Location of Septic Tank: Rear ✓ Front _____
   Approximate distance from Septic Tank to Street: 60 feet.
6. Please check one: Is house above ✓, below _____, or level _____ with the center of street.
   Distance above _____, below _____ to nearest ¼ foot.
7. Please fill in the dimensions shown to the nearest inch.
   a. Cellar Height (from top of cellar floor to bottom of joist) 7 FT. 2 INCH.
   b. Soil Pipe from ceiling (from bottom of soil pipe to bottom of joist) 3 FT. 4 INCH.
   c. Entrance height (from top of ground to bottom of door) 2 FT. 8 INCH.

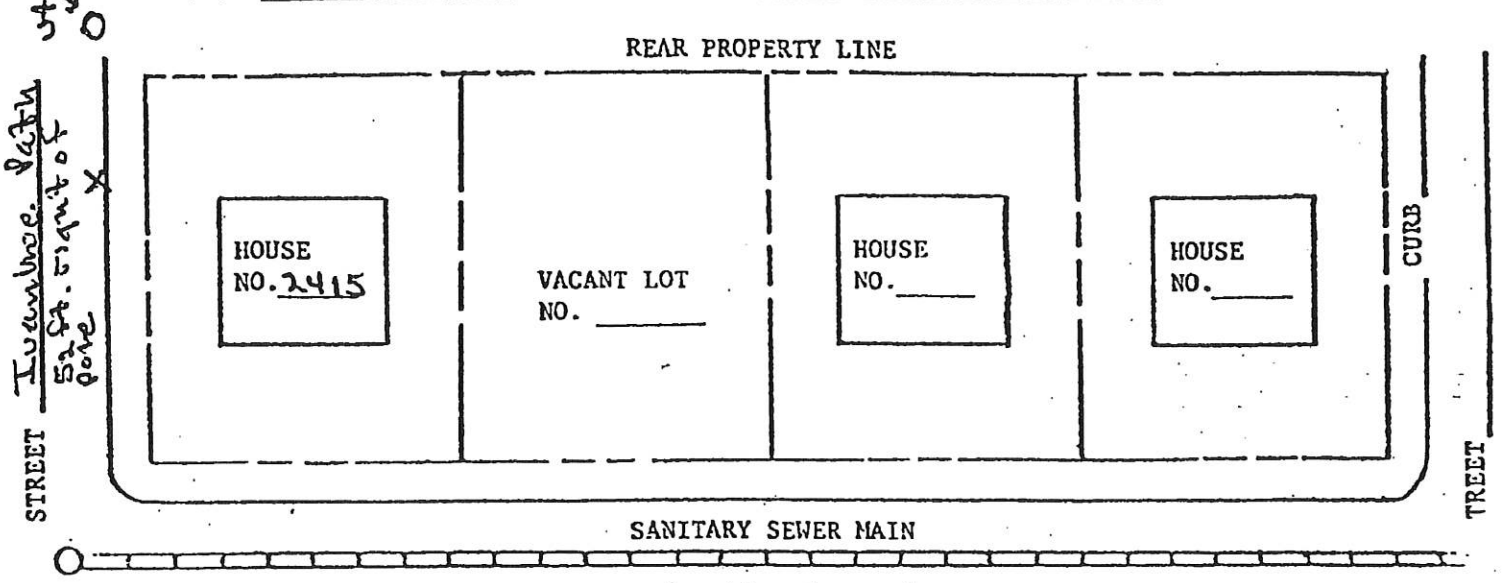


8. Indicate if any interior plumbing changes are to be made where the soil pipe is to exit the building; approximate depth in the ground at the proposed point of exit. _____

9. Please indicate on the approximate sketch below where you want the sewer connection to your property located for house, or vacant lot.

(Please give distance from property line, utility pole (indicate pole no.) fire hydrant, or some permanent structure. Please indicate NORTH.)

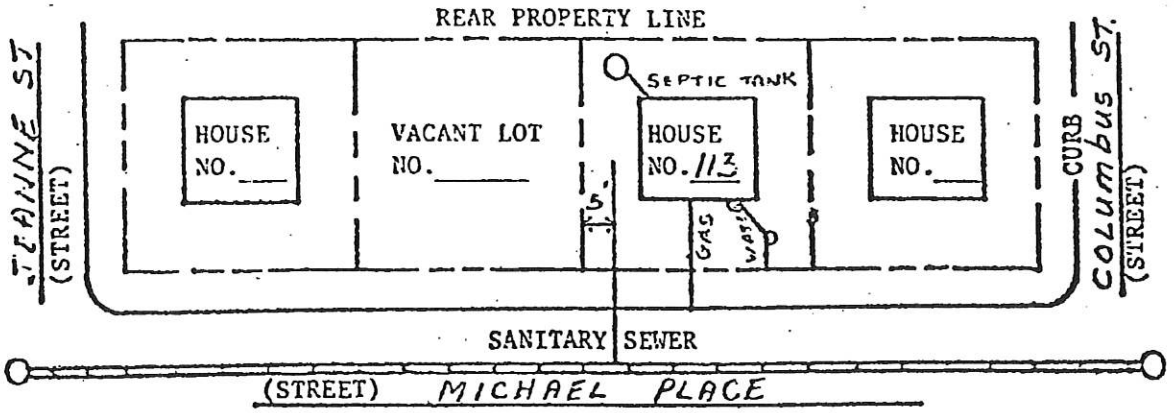
a. Desired depth, at the edge of the road, to the bottom of the new sewer connection pipe 4 Feet 6 inches



STREET Algonkin Trail

DATE Aug. 24, 1983 OWNER'S SIGNATURE Frederick A. Bryan

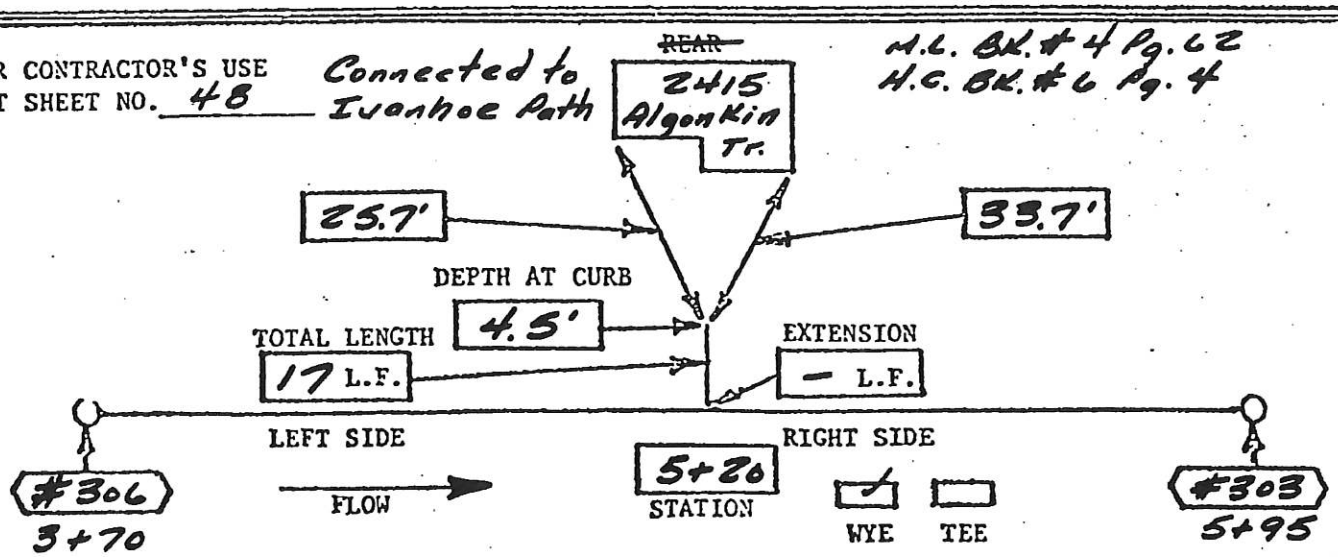
EXAMPLE OF PROPERLY FILLED OUT LOCATION FORM



FOR CONTRACTOR'S USE
CUT SHEET NO. 48

Connected to Ivanhoe Path

M.L. BK. # 4 Pg. 62
H.C. BK. # 6 Pg. 4



D-12

TOWNSHIP OF WALL
SEWER DEPARTMENT
ORDER FOR SEWER SERVICE

#6014

Date SEPT. 16, 1985 NO. 3433

Name FRED & MARCELLA RYAN

Address 2415 ALGONKIN TRAIL, M.

Block No. 317 Lot No. 4

This is a request for sewer service

Signed by Frederick A. Ryan
Applicant

#6014

Due and payable with this application—rent for service ending June 30th.

Sewer Hook Up CONN. CHG.		$ 400.00
Rent Paid PRO-RATED 9-MO. -THRU 6/30/86		$ 130.50
Total Received	CHECK	$ 530.50

Received by L. Maddocks
Wall Township Sewer Department

INSPECTED BY [illegible] DATE 1/2/86

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/6/97
Control #
Permit # 97-1289

IDENTIFICATION Block 317 Lot 4
Work Site Location 2415 ALGONQUIN TRAIL WALL
Owner in Fee DOROTHY BUCK
Address 2415 ALGONQUIN TRAIL WALL
Tel. ( ) ←

Contractor PAUL J. CLANCY & SON
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

[X] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:
Vinyl siding
5'x10' pack overhang. 2"x6" roof rafters

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 $ ~~4,000~~ 4000-

GREG KIRK
Construction Official

8/6/97
Date

PAYMENTS (Office Use Only)

Building	~~102-~~ 68-
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4-
Cert. of Occupancy	
Other	
Total	72-
Check No.	1597
Cash	
Collected by	

(see reverse side)

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BLK 317
L 4

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/6/97
Control #
Permit # 97-1289

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

Block 317 Lot 4
Work Site Location 2415 ALGONQUIN TRAIL WALL
Owner in Fee DOROTHY BUCK
Address 2415 ALGONQUIN TRAIL WALL
Tele. ( ) —
Contractor PAUL J. CLANCY + SONS
Address 34 MINERVA AVE MANASQUAN NJ
Tele. ( ) — Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

VINYL SIDING OK DM 2-1-00
5'x 10' PORCH OVERHANG.
2x6" ROOF RAFTERS
NOT DOWE
NOTE: FRONT STEPS NOT TO CODE. 2-1-00 PBM.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	8/6/97	LP
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

FEE (Office Use Only)

	$
	68-
	~~10~~
Administrative Surcharge	$ ~~5~~ -4-
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ ~~107~~ 72-

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ ~~4000~~ 4000
3. Total (1+ 2) $

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

47515
Date Issued 8-25-10
Permit # 20101028

IDENTIFICATION Block 317 Lot 4 Qualification Code

Work Site Location 2415 ALGONKIN TRAIL WALL

Owner in Fee DOROTHY BOCK

Address 2415 ALGONKIN TRAIL WALL

Tel. (732) 6...

Contractor SHORELANDS PLUMBING

Address P.O. BOX 431 BELMAR NJ

Tel. (73...

Lic. No. or Bldrs. Reg. No. 11776

Is hereby granted permission to perform the following work:

[ ] BUILDING	[X] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL	[X] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:

REPLACE GAS WATER HEATER

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 $ 2600.00

Construction Official

8/19/10
Date

AG46

U.C.C. F170 (rev. 01/04)

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	58-
Fire Protection	58-
Elevator Devices	
Other	
DCA State Permit Fee	3-
Cert. of Occupancy	
Other	
Total	119-
Check No.	998
Cash	
Collected by	

(see reverse side)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-25-10
Control # 47515
Date Issued 20101028
Permit #

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

Block 317 Lot 4 Qualification Code

Work Site Location 2415 ALGONKIN TRAIL WALL

Owner in Fee: DOROTHY BECK

Tel. ( ) e-mail

Address 2415 ALGONKIN TRAIL WALL
street municipality

Contractor: SHORELANDS PLUMBING Tel. ( )

Address P.O. BOX 431 BELMAR e-mail

Contractor License No. 11776 Exp. Date 6-11

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

Federal Emp. ID No. 52-2418838 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8/12/10
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE GAS WATER HEATER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	13
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$	5
Minimum Fee	$	3
State Permit Surcharge Fee	$	
TOTAL FEE	$	61

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-27-10
Control # 475315
Date Issued 20101628
Permit #

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

Block 311 Lot 4 Qualification Code

Work Site Location 3415 ALGONKIN TRAIL WALL

Owner in Fee: NORMAN BY ZK

Tel. ( ) e-mail

Address 3415 ALGONKIN TRAIL WALL
street municipality

Contractor: SHOREWAYS PLUMBING Tel. ( )

Address P.O. BOX 431 BELMAR e-mail

Contractor License No. 11776 Exp. Date 6-11

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

Federal Emp. ID No. 22-3415333 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 9/1/10

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 9/2/10

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			9/1/10	RB
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE GAS WATER HEATER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	15
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$	50
Minimum Fee	$	2
State Permit Surcharge Fee	$	4
TOTAL FEE	$	71

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9-25-10
Date Issued
Control # 4735
Permit # 2010026

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

Block 317 Lot 4
Work Site Location 2415 ALGONKIN TRAIL WALL NJ
Owner in Fee DOROTHY BOCK
Address 2415 ALGONKIN TRAIL WALL
Tele.
Contractor SHORELAND'S PLUMBING
Address PO BOX 431 BELMAR NJ
Tele. ( ) Fax ( )
Lic. No. 13VH 5343
Federal Emp. No. 52-3418233

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 100.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 9/29/10
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9/1/10
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			9/1/10	TB
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE GAS WATER HEATER

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected **NUMBER**		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)	1	
Signaling Devices (i.e., horn/strobes, bells)	1	
Other Devices _____		
TOTAL	2	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [✓] or Oil [ ] Fired Appliances	1	50
Other _____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F140
(rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy

Wall Township
2700 Allaire Road
Wall, NJ 07719
732 - 4498444

Permit Number: 20161544
Update Number:
Control Number: 62442
Application Date: 11/09/2016
Permit Date: 11/09/2016

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 317 Lot: 4 Qualification Code:
Work Site Location: 2415 ALGONKIN TR WALL

Owner In Fee: MCBRIDE, MICHAEL F
Address: 2415 ALGONKIN TRAIL
WALL TWP NJ 08736

Telephone.

Use Group(s): R-5

Contractor: Cardinal Roofing & Siding
Address: 1106A Industrial Parkway
Brick NJ 08723

Telephone:

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 21-0742690

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
ROOF

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	3,800.00
Cost of Demolition:	0.00
Total Cost:	$3,800.00

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.

Robert Torrance
Construction Official

11-9-16
Date

PAYMENTS (Office Use Only)	
Building	$75.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$7.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$82.00**
All Fees Waived:	No

Amount to be Paid:	**$82.00**
Check Number:	7229
Check amount:	$82.00

Collected by:	CN
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$82.00
Total CC Amount:	
Grand Total:	$82.00

Note:

17-148

Wall Township
2700 Allaire Road
Wall, NJ 07719
732-4498444

CERTIFICATE
IDENTIFICATION

Date Issued: 03/08/2017
Control #: 62442
Permit #: 20161544

Block: 317 Lot :4

Work Site Location: 2415 ALGONKIN TR
WALL

Owner in Fee: MCBRIDE, MICHAEL F

Address: 2415 ALGONKIN TRAIL
WALL TWP NJ 08736

Telepho

Agent/Contractor: Cardinal Roofing & Siding

Address: 1106A Industrial Parkway
Brick NJ 08723

Telephone:

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 21-0742690

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
ROOF

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF 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.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Robert Torrance Construction Official

Fees: $0.00
Paid[X]Check No.: 7229
Collected by: CN

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 06442
Control # 11/9/16
Date Issued
Permit # 20161544

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

Block 317 Lot 4 Qualification Code ______
Work Site Location [illegible]
[illegible]
Owner in Fee: [illegible]
Tel. ______ e-mail ______
Address [illegible] (street, municipality)
Contractor: [illegible] Tel. ______
Address [illegible] e-mail ______
[illegible]
Contractor License No. or Builder Registration No. ______ Exp. Date ______
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
Federal Emp. ID No. [illegible] FAX: ( ) ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: 2-2-17 [illegible]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2/2/17	[illegible]
Barrier-Free				

(Dates (Month/Day))

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors ______ sq. ft.
Volume of New Structure ______ cu. ft.
Max. Live Load ______
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $______
2. Rehabilitation $______
3. Total (1+ 2) $ [illegible]

U.C.C. F110
(rev. 11/09)

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.
Sign here: [illegible]
Print name here: [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
[illegible]

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ______ Height (exceeds 6')
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ______ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other ______
[ ] Demolition

FEE (Office Use Only)
$ ______

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy

Wall Township
2700 Allaire Road
Wall, NJ 07719
732 - 4498444

Permit Number/CCO Number: 2-25-19
Update Number:
Control Number: 68552
Application Date: 02/07/2019
Permit Date:

CONSTRUCTION PERMIT

20190235

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 317 Lot: 4 Qualification Code:
Work Site Location: 2415 ALGONKIN TR WALL

Owner In Fee: BORKOWSKI, THOMAS & ANGELA
Address: 9 WALDEN
ANNADALE NJ 08801

Telephone:

Use Group(s): R-5

Contractor: BORKOWSKI, THOMAS & ANGEL
Address: 9 WALDEN
ANNADALE NJ 08801

Telephone:

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
INTERIOR ALTS

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,600.00
Cost of Demolition:	0.00
Total Cost:	$5,600.00

PAYMENTS (Office Use Only)	
Building	$170.00
Electrical	$75.00
Plumbing	
Fire Protection	$75.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$11.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$331.00**
All Fees Waived:	No

Amount to be Paid: **$331.00**

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.

Robert Torrance
Construction Official

2-22-19
Date

CN# 3799

Note:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 48552
Control #
Date Issued 2-25-19
Permit # 20190235

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

Block 317 Lot 4 Qualification Code

Work Site Location 2415 Algonkin Trail
Manasquan (Wall Township) NJ 08736

Owner in Fee: Thomas and Angela Barkowsky

Te e-mail

Address 2415 Algonkin Trail Manasquan NJ 08736
street municipality zip code

Contractor: Brian J. Heine, Sr Tel. ( )

Address 5 Jason Drive e-mail
Spring Lake, NJ 07762

Contractor License No. or Builder Registration No. 13VH07474900 Exp. Date 3/31/19

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

Federal Emp. ID No. 203097662000 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All 2-15-19 (W)
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by: 2-15-19 (W)

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 5000
3. Total (1+ 2) $ 5000

U.C.C. F110
(rev. 11/09)

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.

Sign here: Brian J. Heine Sr.
Print name here: BRIAN J. HEINE SR.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Contractor to remove wall between kitchen and living room and install beam. Also, complete emergency egress window in basement.
Homeowner to supervise Contractor and complete all ectrical, and finish and finishing work in kitchen area and basement rooms.

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$	
	170
Administrative Surcharge $	
Minimum Fee $	10
State Permit Surcharge Fee $	
TOTAL FEE $	180

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 68552
Control #
Date Issued 2-25-19
Permit # 20190235

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

Block 317 Lot 4 Qualification Code

Work Site Location 2415 Algonkin Trail
Manasquan (Wall Township) NJ 08736

Owner in Fee: Thomas and Angela Borkowsky

Tel. mail tpborkowski9@gmail.com

Address 2415 Algonkin Trail Manasquan NJ 08736
street municipality zip code

Contractor: Homeowner Tom Borkowsky Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Residence Utility Co.

Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-19-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Thomas Borkowsky

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
3		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$ 75.00
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 76.00

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY

Date Received 08552
Control # 2-25-19
Date Issued
Permit # 20190235

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

Block 317 Lot 4 Qualification Code

Work Site Location 2415 Algonkin Trail
Manasquan (Wall Township) NJ

Owner in Fee: Thomas and Angela Borkowski

T e-mail

Address 2415 Algonkin Trail (str) Wall Township (municipality) 08736 (zip code)

Contractor: Tom Borkowski Homeowner Tel. ( )

Address 2415 Algonkin Trail e-ma

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 100

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: Basement

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant/Contractor sign here:

Print name here: Thomas Borkowski

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: RENOVATION BASEMENT

Water Supply Source: (CITY) WELL

Method of Alarm/Suppression System Supervision: BEDROOM

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	50 —
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		25 —
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				