R-5

NEED FRAME INSPECTION on 90 work

BLOCK 622 LOT 12-14 ADDRESS (SITE) 34 Breton Rd PERMIT NO. 1905-91

RECEIVED
AUG 29 1991

CONSTRUCTION PERMIT APPLICATION

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

I. BUILDING IDENTIFICATION

1. Proposed Work-site at: 34 Breton Rd.
2. Name of Owner in Fee: Robert Lynch Tel. ( )
   Address same [redacted]
   street municipality
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Louka Plb. Tel. ( ) _____
   Address P.O Box 300 Lavallette NJ
   License No. OR, if new home, Builder Reg. No. 537 lic. Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. ( ) _____

called plb 9-6-91

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 60 -		
2. Electrical			
3. Plumbing	90 -		
4. Fire Protection			
5. Other			
6. Subtotal	$ 150 -		
7. Less 20% for State Plan Review	5 -		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	$ 175 -		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

Remodeled Bath & Kitchen (decks)

	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. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	✓ 7500 -

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			9/23/91				
			o/c - 9/20/91		i2/27/91		

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 10311732

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.

( ) Check if contractor

Agent Name Todd M Cross

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	SK	9/4/91	depts +						
☐			a DA.						
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

Date Issued 10/11/91
Control #
Permit # 1905-91

IDENTIFICATION Block 622 Lot 12-14

Work Site Location 34 Breton Rd

Owner in Fee Robert Lynch

Address Same

Tele. ( )

Contractor Locke Club.

Address

Tele. ( )

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

Federal Emp. No.
or Social Security No. 1905##

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Alteration

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 $ 7500

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building 60	BUILDING	60.00
Plumbing 90	PLUMBING	90.00
Electrical	PLAN RVW	5.00
Fire Protection	C / O	20.00
Other AR 5	TOTAL	175.00
Other	CHECK	175.00
DCA Training Fee	CHANGE	0.00
Cert. of Occ. 20	10/11/91 NO. 5 0819A005	12:44
Other		
Total 175		
Check No. 3198		
Cash		
Collected By:		

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

SUBCODE
TECHNICAL SECTION

Control #
Permit #

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

Block 622 Lot 12, 13, 14
Work Site Location 34 BRENTON RD BRICK
Owner in Fee ROBERT LYNCH
Address 276 BLVD BAYONNE, N.J. 08005
Tele. ( )
Contractor THOMAS SHEVLINO
Address 1915 PINTA CT TOMS RIVER, N.J. 08753
Tele. (908) 270-9083
Lic. No. 937
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as S.F.D. Utility Co. _____
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept.

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3		Fixtures (1)	
3		Receptacles (2)	
4		Switches (3)	
15		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
1		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
1		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-120A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/11/91
Date Issued
Control #
Permit # 1905-91

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

Block 622 Lot 12.13-14
Work Site Location SAME

Owner in Fee MR & MRS R LYNCH
Address 34 BRENTON RD
BRICK TOWN NJ
Tele. ( )
Contractor LOCKE PLUMBING
Address PO BOX 300
LAVALLETTE
Tele. (908) 793 8462
Lic. No. 537
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 12-27-91

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	10-17-91		10-22-91	[signature]
Water				
Sewer				
Fixtures				
Gas ~~Equipment~~			10-29-91	[signature]
Gas Final				
Solar				
TCO				
CO	12-18-91			

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.

NOT HOME
H20 heater

[signature]
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5.
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	5.
	Shower	5.
	Floor Drain	
1	Sink	5.
1	Dishwasher	5.
	Drinking Fountain	
1	Washing Machine	5
1	Hose Bibb	
1	Gas Piping	15.
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
1	~~Hot Water~~ H.W. Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C ~~or Refrigeration~~ Unit	15
	Sewer Connection	
	Water Service Connection	
1	Gas Service Connection	
	Active Solar System	
1	Other Vent	10
	Administrative Surcharge	$ 90
Paid [ ] Check # _____	Minimum Fee	$
Collected by: _____	TOTAL	$

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

10-17-91 change pipe for Kitchen Sink
to 2"

12-18-91 need indirect waste for
water heater relief

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/11/91
Date Issued
Control #
Permit # 1905-91

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

Block 622 Lot 12, 13, 14
Work Site Location 34 BRENTON RD.
BRICKTOWN N.J.
Owner in Fee MR & MRS Robert Lynch
Address 276 BLVD.
BAYONNE, N.J. 08005
Tele. ( )
Contractor COASTAL BAY CONSTRUCTION
Address 1191 DAFFODIL COURT
TOMS RIVER N.J. 08753
Tele. (908) 505-4544
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	9/23/91	M	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 _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

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

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.

X
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remodeling of Kitchen & Bath.
Cabinets, Tile and Partition Walls
deck

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
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

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

305-4544

BLOCK 622

LOT 12-14

PLUMBING & MECHANICAL CHECK LIST

9/6/91

DATE

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 ✓

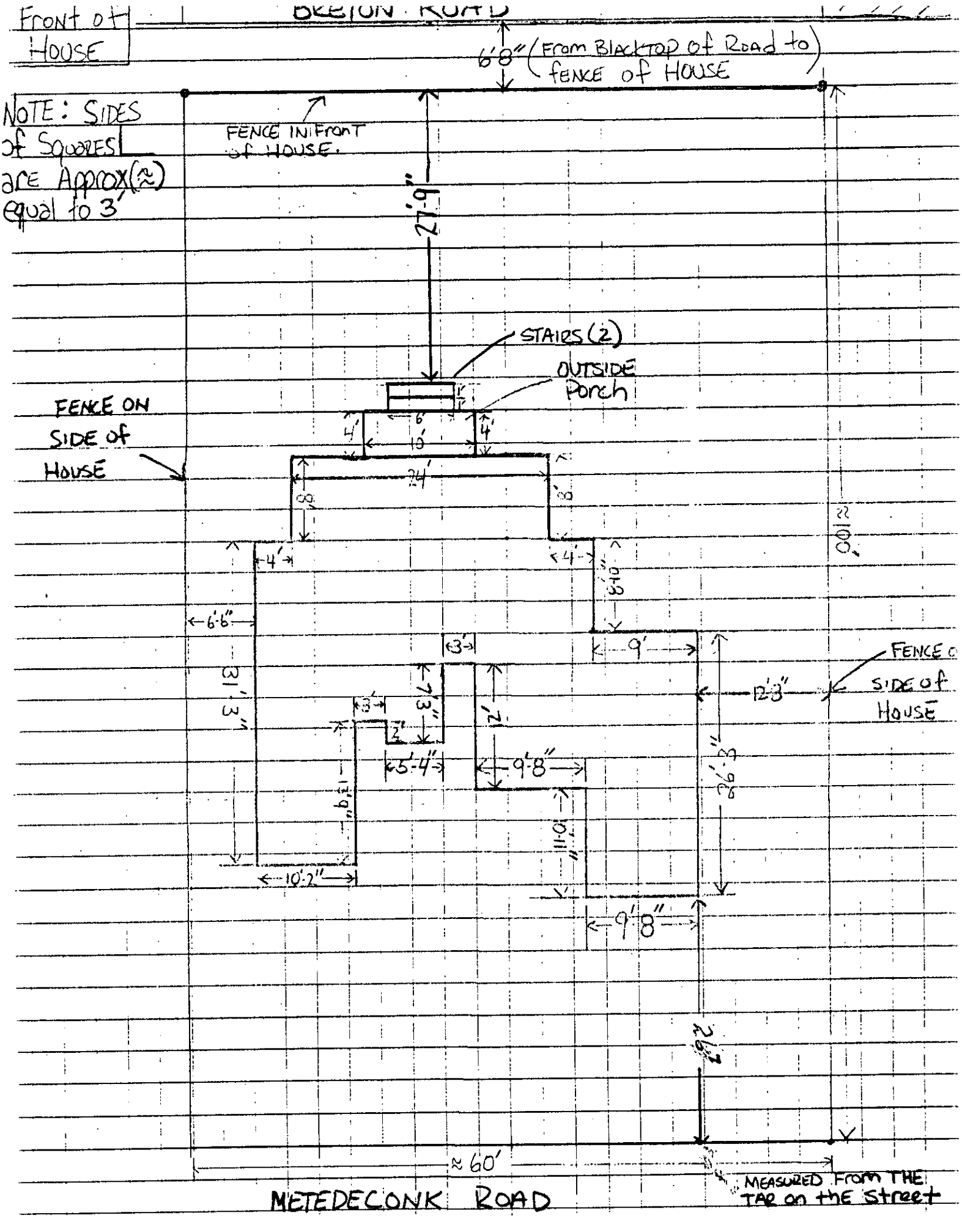
BROCHURE FOR NEW HEATING UNIT ✓ brought in

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER

Knows Called Plmbr. W.P. 9-6-91


Front of House
DEETON ROAD
6'8" (From Blacktop of Road to fence of House
NOTE: SIDES of Squares are Approx(≈) equal to 3'
FENCE IN Front of House.
27'-9"
STAIRS (2)
OUTSIDE Porch
FENCE ON SIDE of HOUSE
6'
4'
10'
4'
24'
8'
8'
4'
4'
6'8"
6'6"
9'
FENCE ON SIDE of HOUSE
12'3"
3'
3'
3"
3'
2'
5'-4"
9'8"
13'9"
11'0"
10'2"
9'8"
≈ 60'
METEDECONK ROAD
MEASURED From THE TAR on the Street

Deck Construction

Concrete Piers 8" Dia. ~~-~~ 36 into ground
16" off ground.

2x10 CCA material. on perimeter and
2x10 Joist 16" o.c. with Teco fasteners.
5/4 x6 Flooring
Railing 36" high.

Proposal of what Township now wants

1. Insulate outter walls of Kitchen & Bathroom.
2. Install 1/2 sheetrock on outter walls of Kitchen & Bathroom.

WORK PLANNED FOR 1991

1. REMODEL BATHROOM
   - SHEETROCK WALLS
   - 1/2 PLYWOOD SUB-FLOOR OVER EXISTING TILE WALLS & FLOOR
   - NEW PLUMBING FIXTURES
   - 1 - VINYL REPLACEMENT WINDOW 2×4 NO CHANGE TO OPENING

2. KITCHEN
   - REPLACE KITCHEN CABINETS
   - INSTALL DISHWASHER & SINK

3. BUILD PARTITION WALLS TO HOUSE WASHING MACHINE & WATER HEATER. WITH 2 FULL LOUVER DOORS $2^{6}_{-} \times 6^{8}_{-}$ AT EACH END.

WORKED PERFORMED LAST YEAR 1990

Porch Area

1. INSTALLED 10 Vinyl Replacement WINDOWS 26" x 60" DID NOT Change ANY HEADERS BUT DID INSTALL 2x4 up-Rights TO STRENGTHEN ROOF AREA.
2. INSTALL 1/2 plywood SUB-Floor over Existing Floor
3. INSTALLED 6°x6⁸ SLIDING Door in Existing opening USED 2x6 HEADERS AS THAT WAS All the Room we HAD- previous Door opening HAD 2x4 HEADER

Kitchen

INSTALLED 8°x6⁸ SLIDING Door with 2x12 HEADERS (All openings HAD 2x4 HEADERS ORIGINALLY)

INSTALLED 2 Vinyl. Replacement WINDOWS 2°x3° with 2x12 HEADERS

BACK Room

INSTALLED 6°x6⁸ SLIDING Door with 2x12 HEADERS

GRAND RESIDENTIAL LOAD ESTIMATE FORM

LOAD FACTOR

ITEM	HEATING 40°	50°	60°	70°	80°	90°	100°	110°	COOLING 10°	20°	30°	40°	50°	60°	HEATING FACTORS	COOLING FACTORS	FIRST LEVEL AREA	FIRST LEVEL HEATING BTU/HR	FIRST LEVEL COOLING BTU/HR	SECOND LEVEL AREA	SECOND LEVEL HEATING BTU/HR	SECOND LEVEL COOLING BTU/HR	THIRD LEVEL AREA	THIRD LEVEL HEATING BTU/HR	THIRD LEVEL COOLING BTU/HR	TOTAL HEATING BTU/HR	TOTAL COOLING BTU/HR
WINDOWS — TRANSMISSION																	WINDOW TRANSMISSION — USE ALL WINDOW AREA										
Single Pane Glass	46	58	69	81	92	104	115	127	12	17	23	29	35	40													
Double Pane or Glass Block	24	30	36	42	48	54	60	66	6	9	12	15	18	21			367	22020									
WALLS & PARTITIONS																	WALLS & PARTITIONS - TRANSMISSION — USE NET WALL AREA										
No Insulation	12	15	18	21	24	27	30	33	3	5	6	7	8	10													
1-Inch Insulation	10	12	15	17	20	22	25	27	3	4	5	6	7	9													
2 Inches Insulation	6	7	9	11	12	13	15	16	2	2	3	3	4	4													
3 Inches Insulation	4	5	6	7	9	10	11	12	2	2	2	2	3	3			760	7600									
4 Inches Insulation	3	4	5	6	7	8	9	10	1	1	2	2	3	3													
Partitions (between unconditioned and unconditioned spaces)	8	10	12	14	16	18	20	22	2	3	4	5	6	7													
ROOFS & CEILINGS																	ROOFS & CEILINGS - TRANSMISSION & SOLAR — USE CEILING										
Pitched or Flat Roof With Vented Air Space — No Insulation	13	16	19	23	26	29	32	35	18	19	21	22	24	25													
Pitched or Flat Roof With Vented Air Space — No Insulation - Attic Fan									9	12	16	19	22	25													
Pitched or Flat Roof With Vented Air Space — 2 Inches Insulation	4	5	6	7	8	9	10	11	5	5	6	6	7	7													
Pitched or Flat Roof With Vented Air Space — 4 Inches Insulation	3	4	5	6	6	7	8	9	3	4	4	4	5	5			938	6566									
Pitched or Flat Roof With Vented Air Space — 6 Inches Insulation	2	3	4	5	5	6	6	7	2	3	3	3	4	4													
Flat Roof With No Air Space — No Insulation	20	25	30	35	40	45	50	55	28	30	33	35	38	40													
Flat Roof With No Air Space — 1-Inch Insulation	9	11	13	16	18	20	22	24	14	15	16	18	19	20													
Flat Roof With No Air Space — 1½-2 Inches Insulation	7	9	11	13	15	16	18	20	8	9	10	11	11	12													
Flat Roof With No Air Space — 3-4 Inches Insulation	3	5	6	7	7	9	9	12	6	6	7	7	8	8													
Flat Roof With No Air Space — 6 Inches Insulation	2	4	5	6	6	7	7	10	5	5	6	6	6	6													
Ceilings under Unconditioned Spaces	10	12	15	17	20	23	26	28	3	4	5	6	7	8													
FLOORS																	FLOORS - TRANSMISSION — OMIT FOR COOLING IF OVER BASEM										
Over Unconditioned Room	8	10	12	14	16	18	20	22	2	3	4	5	6	7													
Over Open Crawl Space	12	15	18	21	24	27	30	33	3	4	5	7	8	9													
Over Slab or Closed Space	6	7	9	10	12	13	15	16	0	0	0	0	0	0			939	9380									
With 2" Insulation	4	5	6	7	8	9	10	11	5	5	6	6	7	7													
OUTSIDE AIR																	OUTSIDE AIR LOAD - SENSIBLE ONLY — USE TOTAL SQ. FT. OF										
One Air Change Per Hour	6	7	9	10	12	13	15	16	2	2	3	4	5	5			938	9380									
PEOPLE LOAD																	PEOPLE LOAD - SENSIBLE ONLY — USE NO. OF PEOPLE X 200 (MINIMUM OF 5 PEOPLE FOR TOTAL										
Use Number of People X 200																											

WINDOWS* — SOLAR - For Cooling Only — WINDOWS SOLAR HEAT — OSURE WITH LARGEST TOTAL LOAD

Overhang	0 FEET	1 FOOT				2 FEET				3 FEET				4 FEET			
Latitude	–	30°	35°	40°	45°	30°	35°	40°	45°	30°	35°	40°	45°	30°	35°	40°	
Glass Facing (with inside shades) NE	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	
E	40	36	36	37	37	32	32	33	33	28	28	29	29	24	24	24	
SE	40	30	30	32	32	20	21	28	32	9	11	15	17	0	2	7	
S	35	18	22	25	27	1	9	14	17	0	0	4	8	0	0	0	
SW	51	38	39	40	41	25	27	35	40	11	15	19	22	0	3	9	
W	65	58	58	59	60	52	52	53	53	45	45	46	46	39	39	40	
NW	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	

TOTAL SENSIBLE LOAD	60566
COOLING CFM =	
HEATING CFM =	
30% LATENT HEAT ALLOWANCE	

INSTRUCTIONS

TOTAL HEAT LOSS 70° AT 0°

34 BRETON RD

60,566

LOCKE PLUMBING & HEATING
P. O. BOX 300
LAVALLETTE, NJ 08735
(201) 793-1841

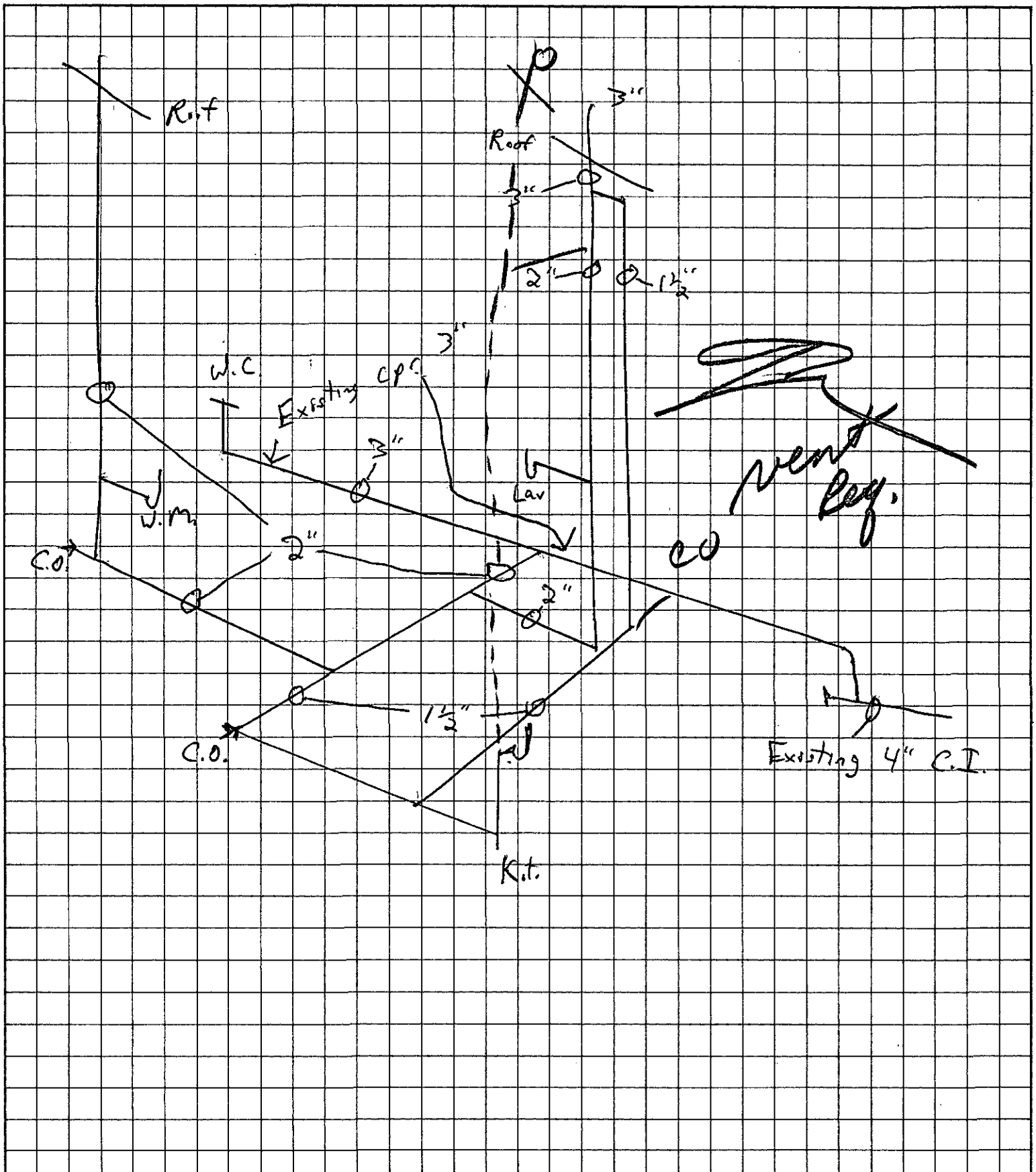
JOB NAME _____

JOB NO. _____ PAGE ____ OF ____

CALCULATED BY _____ DATE _____

VERIFIED BY _____ DATE _____

SCALE _____



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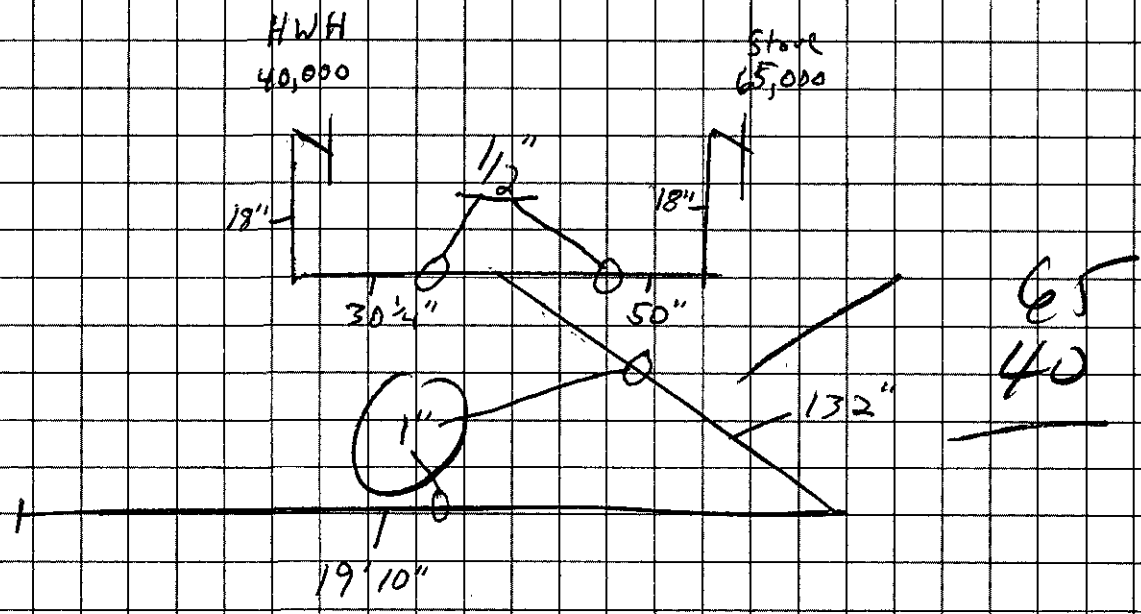


RJ
sent
8/20/91
DH

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(908) 477-3000, Ext. 260
Fax: (908) 920-4850

August 20, 1991

Robert Lynch
34 Brenton Road
Brick, NJ 08723

276 Kennedy Blvd
Bay
07002.

Dear Mr. Lynch:

Due to a visual inspection made by one of our inspectors on August 16, 1991, a Stop Work Order was issued. Our records indicate, that no application for a permit has been made through our office.

On Tuesday, August 20, 1991, another inspection was made by Arthur J. Cierzo, and Raymond Korkowski. Their inspection proved, that the following visually obvious work has been completed with no permit:

THREE SIX FOOT SLIDING DOORS
TEN REPLACEMENT WINDOWS
PLUMBING FIXTURES REPLACED AND REROUGHED-BATHROOM AND KITCHEN
NEW WIRING INSTALLED-HEATING AND AIR CONDITIONING UNIT
NEW DOOR-3.0 BY 6.8

Also, please be advised that a deck has been installed without building and zoning approval. A plot plan is required to be submitted showing setbacks of this addition.

It is requested, that you as the homeowner or your agent, make application for the above within 10 business days, or a summons will be issued to both parties.

Please note, that you are in violation, and that if this situation is not resolved immediately, a fine of $500 per day will be assessed from the start of construction.

You may contact this office between 8:30-4:30, Monday through Friday. Please call 477-3000, extension 260.

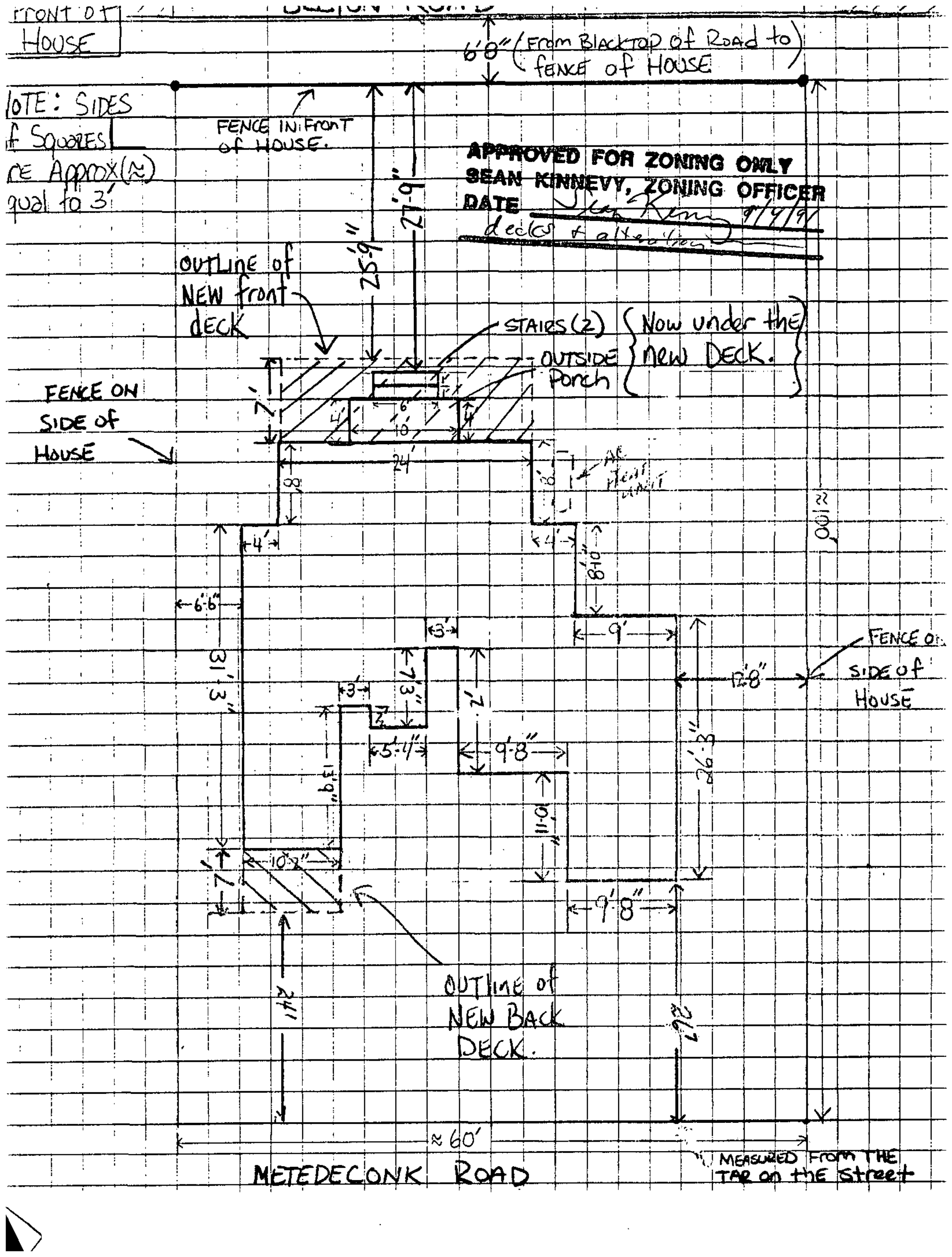
Sincerely yours,

Arthur J. Cierzo
Construction Official

Raymond S. Korkowski
Sub-Code Official

AJC/RSK/drg

cc: Scott R. MacFadden, Business Administrator
Arthur J. Cierzo, Construction Official ✓
James Hyers, Plumbing Inspector
William Sutton, Community Development
Raymond S. Korkowski, Building Sub-Code
Sean Kinnevy, Zoning Official


front of HOUSE
NOTE: SIDES of Squares are Approx (≈) equal to 3'
6'8" (From BLACKTOP of Road to fence of HOUSE
FENCE IN front of HOUSE.
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE
decks + alterations
25'9"
27'9"
OUTLINE of NEW front deck
STAIRS (2)
OUTSIDE Porch
Now under the new DECK.
FENCE ON SIDE of HOUSE
7'
6'
10'
4'
24'
8'
AC HEAT UNIT
4'
8'10"
6'6"
31'3"
3'
7'3"
7'
5'4"
9'8"
13'9"
11'0"
26'3"
9'
12'8"
FENCE ON SIDE of HOUSE
≈100'
10'2"
9'8"
24'
OUTLINE of NEW BACK DECK.
≈27'
≈60'
METEDECONK ROAD
MEASURED From THE TAR on the street