BLOCK 1112 LOT 21.02 ADDRESS (SITE) Rose Street PERMIT NO. 97-0374

Township of Middletown

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Rose St., Lincroft
2. Name of Owner in Fee: Robert A. Fedak Tel. (908) 291-3319
   Address 36 Keystone Dr. Atl Hgld 07716 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Fedak Construction Tel. (908) 291-3319
   Address 36 Keystone Dr. Atl. Hgld
   License No. OR, if new home, Builder Reg. No. 01900 Exp. Date 7/97
   Federal Emp. No. _____ Social Security No. Privacy Information
5. Architect or Engineer Royal Stark Tel. (___) 787-2779
   Address P.O. Box 602 Middletown
6. Responsible Person in Charge of Work Fedak Construction Tel. (908) 291-3319

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 390-		
2. Electrical	192		
3. Plumbing	266		
4. Fire Protection	35		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	42		
10. Subtotal	$ 40		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 965-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 23 ft.	
3. Area—Largest Floor 1041 sq. ft.	
4. New Building Area 2301 sq. ft.	
5. Volume of New Structure 25998 cu. ft.	
6. Construction Classification 5B	
7. Total Land Area Disturbed 2676 sq. ft.	
8. Flood Hazard Zone NO	
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)	195,000.00
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	

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
KW	3/10	3/10	4/14		Gas	Struct	

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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
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:

9-33-1517 Fed Sliding

3/4/97 CM

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 David J. Fedak

(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 Fedak Construction

Address 36 Keystone Dr.
Ath-Hlds, N.J. 07716

Telephone (908) 291-3319

Signature _____ Date 2/14/97

THE TOWNSHIP OF MIDDLETOWN

1 Kings Highway
Middletown, NJ 07748
(908) 671-2107

CUT-IN-CARD

MUNICIPALITY

LOCATION Rose St. UTILITY CO GPU

BLK 1112 LOT 21.02

OWNER Fedak OCCUPANT R. Fedak

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 150A

INSTALLED BY Atlantic Coast Elec LICENSE NO 8993

DATE 2-15-97 PERMIT # 97-037 INSPECTOR

Lic. No: 5586

MTBD 15
U.C.C. Form F-350A 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE

MTBD 2.5

5 ROSE ST

Township of Middletown

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3/14/97
Control #
Permit # ~~97-0374~~

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

Block 1112 Lot 21.02
Work Site Location 5 Rose St. Lincroft
Owner in Fee Robert A. Tedak
Address 36 Keystone Dr. Atl-Hghls
Tele. (908) 291-3319
Contractor Atlantic Coast ~~ct~~ ELECTRIC
Address 57 FLORENCE AVE LEONARDO, N.J.
Tele. (___) 872-2332
Lic. No. 8993
Federal Emp. No. ___ or Social Security No. Privacy Information

B. ELECTRICAL CHARACTERISTICS

Use Group Present ___ Proposed V
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as Residence Utility Co. GPU
Est. Cost of Elec. Work $ ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 3-7-97
Approved by: R Palmer

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 10/21/97
Approved By: K. Martin

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough	___	___	7-15-97	E.R.
Temporary	___	___	___	___
Constr. Serv.	___	___	___	___
TCO	___	___	___	___
Other	___	___	___	___
Service	___	___	7-15-97	E.R.
Final	10/2	___	10/21	K.M

Temp. Cut-in-Card Date Issued ___
Final Cut-in-Card Date Issued 7-15-97 E.R.
SEE BACK 10/20 NO ENTRY

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.

Richard C. Nelson
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
17		Fixtures (1)	
39		Receptacles (2)	
27		Switches (3)	
~~63~~		Total 1 + 2 + 3	60
___	___ Kw	Range	4
___	___ Kw	Oven(s)	___
___	___ Kw	Surface Unit	___
1	___ hp	Dishwasher	4
___	___ hp	Garbage Disposal	___
___	___ Kw	Dryer	4
1	___ Kw	A/C Unit	10
___		Burglar Alarms	___
___		Intercoms Panels	___
7		Smoke Detectors	NC
___	___ hp	Whirlpool/spa	___
___		Pool Bonding	___
___	___ hp	Pool Filter Motor	___
___		Pool Lights	___
___	___ Kw	Water Heater(s)	___
___	___ Kw	Central heat: oil, gas or elec.	___
___	___ Kw	Baseboard Heat Units	___
___		Thermostats	___
___	___ hp	Heat Pump	___
___	___ hp	Pump(s)	___
___	___ Amp	Motor Control Center/Sub Panels	___
___		Signs	___
___	___	Light Standards	___
___	___ hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
150	___ Amp	Service Entrance	___
___	___	Other	50

	Administrative Surcharge	$ ___
Paid [ ] Check # ___	Minimum Fee	$ ___
	DCA Training Fee	$ ___
Collected by: ___	TOTAL FEE	$ 192

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

Rose St
5

Township of Middletown

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/14/97
Control #
Permit # 97-0374

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

Block 1112 Lot 21.02
Work Site Location 5 Rose St. Lincroft
Owner in Fee Robert A. Fedak
Address 36 Keystone Dr. Atl. Highlds.
Tele. (908) 291-3319
Contractor Fedak Construction
Address 36 Keystone Dr. A.H.
Tele. (908) 291 3319
Lic. No. or Bldrs. Reg. No. 01900
Federal Emp. No. _____ or Social Security No. _____ Privacy Information

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

Construct A Single Family Dwelling

CAGO.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing			4-97	
[ ] Footing			Foundation			4-97	
[ ] Foundation			Slab				
[ ] Frame			Frame			7-97	
[ ] Other N.H.	3/97		Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final			11/4/97	

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 $ _____
Minimum Fee $ _____
Paid [ ] Check # _____ TOTAL FEE $ 390.00
Collected by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present _____	Proposed ✓
Constr. Class	Present _____	Proposed ✓
No. of Stories	2	
Height of Structure	23	Ft.
Area—Largest Floor	1041	Sq. Ft.
Total Bldg. Area/All Floors	2301	Sq. Ft.
Volume of Structure	25998	Cu. Ft.
Total Land Area Disturbed	2676	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 195,000.00
2. Alteration $ _____
3. Total (1+2) $ 195,000.00

FD OK 10-20-97 AMH

U.C.C. Form F-110A
1 White - Applicant Copy
2 Canary - Office Copy
3 Pink - Office Copy
4 Manila - Inspector Copy
MTBD 6

ROSE ST

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3/14/97
Date Issued
Control #
Permit # 97-0377F

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

Block 112 Lot 21.02
Work Site Location Rose St. Lincroft
Owner in Fee Robert A. Fedak
Address 36 Keystone Dr. Atlantic Highlands, NJ
Tele. (908) 291-3319
Contractor AM-PM PLUMBING & HEATING SERVICES, INC.
Address 3 PAGE DRIVE RED BANK, N.J. 07701
Tele. (908) 576-8848
Lic. No. NJ # 9971
Federal Emp. No. 22-3335631 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ✓
Building Sewer Size 4" Public Sewer ✓ Private Septic ____
Water Service Size 1" Public Water ✓ Private Well ____
Estimated Cost of Plumbing Work $ 4,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[✓] Plumb. Plans Approved
Date: 3/14/97
Approved by: JW

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Approved By: ____
Date: 11/20/97

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	✓			
Rough			7/3	JW
Water			6/17	JW
Sewer		✓		
Fixtures				
Gas Equipment	✓			
Gas Piping			7/3	JW
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.

Peter Mayo
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	14
	Urinal/Bidet	
1	Bath Tub	7
2	Lavatory	14
1	Shower	7
	Floor Drain	
1	Sink	7
1	Dishwasher	7
	Drinking Fountain	
1	Washing Machine	7
2	Hose Bibb	14
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	35
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
2	Backflow Preventer	14
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	35
1	Water Service Connection	35
	Active Solar System	
1	Other Gas furnace	35

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL $ 266

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

Township of Middletown

CERTIFICATE

Date Issued 12/29/97
Control #
Permit # 97-0374

IDENTIFICATION

Block 1112 Lot 21.02
Work Site Location 5 ROSE STREET
LINCROFT,N.J. 07738
Owner in Fee STERLING
Address 5 ROSE STREET
LINCROFT,N.J. 07738
Tele. ( )
Contractor DAK CONSTRUCTION
Address 267 CHAMONE AVE
LEONARDO,N.J. 07737
Tele. ( )
Lic. No. or Bldrs. Reg. No. 025881
Federal Emp. No.
or Social Security No.

Home Warranty No. 127777 DEC 17 97
Use Group RESIDENTIAL
Maximum Live Load
Description of Work/Use:

SINGLE FAMILY DWELLING, NEW CONSTRUCTION

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☑ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

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

☐ **CERTIFICATE OF 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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

R. Poling

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

MTBD 24

THE TOWNSHIP OF MIDDLETOWN

Department of Inspections

Johnson-Gill Annex, 1 King's Highway
Middletown, NJ 07748-2594
Tel: (908) 615-2105
Fax: (908) 671-2576

Organized December 14, 1667
"Pride in Middletown"

CHARLES NAUGHTON
Construction Official

February 2, 1997

Mr. Robert Fedak
36 Keystone Drive
Atlantic Highlands, NJ

Re: Block 1112 Lot 21.02
Rose St.
97-1-72

Dear Mr. Fedak:

Please be advised that the development permit to construct a single family dwelling, as shown on the survey submitted to this office, has been approved, conditioned upon the following:

1. Approval is in accordance with the determination by Lawrence A. Carton III, Esquire, Attorney for the Middletown Township Planning Board, that said lot has not merged with the adjacent lot.

2. A paved driveway and concrete driveway apron must be provided.

3. The dwelling cannot exceed 2.5 stories or 35 feet in height.

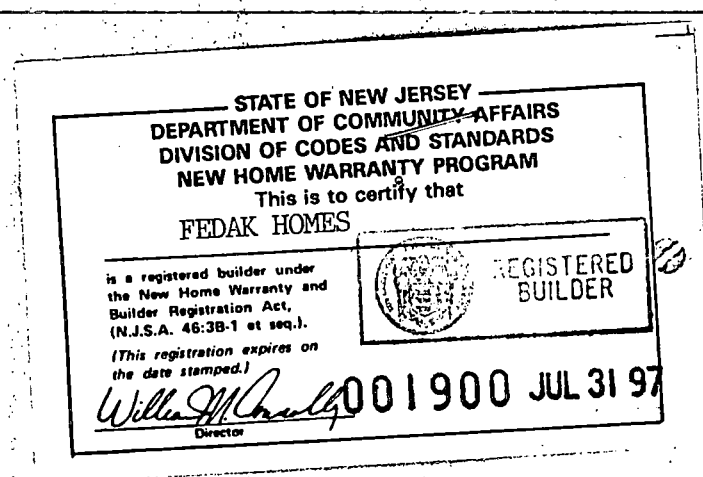
4. A Middletown Township Street Opening permit must be secured for any construction activity in the municipal right-of-way.

5. All building permits must be secured.

6. Dwelling must contain a minimum 1,000 square feet of gross floor area on the first floor and total floor area of 1,500 square feet.

Very truly yours,

Annemarie W. Hinds
Zoning Officer



STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
NEW HOME WARRANTY PROGRAM
This is to certify that

FEDAK HOMES

is a registered builder under the New Home Warranty and Builder Registration Act, (N.J.S.A. 46:3B-1 et seq.).

(This registration expires on the date stamped.)

REGISTERED BUILDER

001900 JUL 31 97

Director

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
New Home Warranty Program
This is to certify that

FEDAK CONSTRUCTION

is a registered builder under the New Home Warranty and Builder Registration Act, (N.J.S.A. 46:38-1 et. seq.)

(This registration expires on the date stamped.)

Director

02586 | MAY 31 98

If at any time a material fact changes, in your registration application on file with us, (i.e. address, phone number, principals/officers, name of business) you are required to file an amended application with this bureau within 30 days of that change.

If you have provided warranties to homes which are in the first two (2) years of coverage, you must maintain a current registration for that period of warranty coverage.

Renewal forms are sent as a courtesy. However it is the builder's responsibility to maintain current registration status. If you have not received your renewal application at least 4 weeks before the expiration date stamped on your card call this office immediately.

3.75

Should you have any questions, you may call:

665.63

(609) 530-8800

or

(609) 530-8801

Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
CN 805
Trenton, New Jersey 08625-0805

RECEIVED
97 DEC 16 AM 11:34
NEW HOME WARRANTY PROGRAM

Exclusions

Owner	Registered Builder Name
Fred + Maureen Sterling	David J. Fedak T/A DaK Construction
New Dwelling Location (Address)	**Address**
5 Rose Street	267 Chamone Ave.
Lincroft, New Jersey	Leonardo, NJ 07737
	NJ Builder Registration Number
	025881
	Registered Builder's Signature
	David J. Fedak

Note: Exclusions from warranty coverage are specified in the regulations governing the New Home Warranty and Builder's Registration Act (N.J.A.C. 5:25-1.1 et seq.). The failure of a builder to list a legitimate exclusion below does not bind the New Home Warranty Security Fund to coverage of that item if it is otherwise excluded by regulation. If an owner has contracted with someone other than the builder for the mechanical (plumbing, HVAC, heating) or electrical systems, foundation or framing, other than piling foundation of the new home, the entire home is excluded from warranty coverage, pursuant to N.J.A.C. 5:25-3.1. If any work involving the construction of the new home is performed by the owner or any contractor hired by the owner, that work is excluded from coverage under the warranty. List all such exclusions below.

Print or type *(attach additional sheets if necessary.)*

Ceiling Fans
Lighting Fixtures
Outside Light (Lighthouse)
Two Medicine Cabinets
Fence

CERTIFICATE NUMBER

This form is part of the warranty issued. Send the original and four (4) copies to the New Home Warranty Program along with the Certificate of Participation.

T27777 DEC 17 97

Page of pages

8002c 12/92

Township of Middletown

CONSTRUCTION PERMIT

Date Issued 3/14/97
Control #
Permit # 97-0374

IDENTIFICATION Block 1112 Lot 21.02

Work Site Location Rose St. Lincroft
Owner in Fee Robert A. Fedak
Address 36 Keystone Dr.
Tele. (908) 291-3319

Contractor Fedak Construction
Address 36 Keystone Dr. Atl. Highlds.
Tele. (908) 291 3319
Lic. No. or Bldrs. Reg. No. 01900 Exp. Date 7/97
Federal Emp. No.
or Social Security No. Privacy Information

is hereby granted permission to perform the following work:
[X] BUILDING [X] PLUMBING [ ] OTHER
[X] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:
Construct A Single Family Dwelling.

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 $ 195,000.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building	~~390~~ 390
Plumbing	~~366~~ 366
Electrical	~~192~~ 192
Fire Protection	35
Other	
Other	
DCA Training Fee	42
Cert. of Occ.	40
Other	
Total	965
Check No.	
Cash	
Collected By:	

(see reverse side)

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

MTBD 1

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

5 ROSE ST

Township of Middletown

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3/14/97
Control #
Permit # 97-0377

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

Block 1112 Lot 21.02
Work Site Location Rose St. Lincroft
Owner in Fee Robt. A. Zedak
Address 31 Keystone Dr. Atl. Highlds.
Tele. (908) 291-3379
Contractor Atlantic Coast ELECTRIC
Address 57 FLORENCE AVE LEONARDO, N.J. 07737
Tele. ( ) 872-2332
Lic. No. 8993
Federal Emp. No. _____ or Social Security No [Privacy Information]

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 3-7-97
Approved by: C Fleming
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 10/21/97
Approved by: K. MARTIN

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other Final			10/21	K.M

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. Richard C Nelson
SIGNATURE

D. TECHNICAL SITE DATA

Description of work Construct single Family Dwelling.

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	7	
Heat Detectors		
TOTAL	7	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by New House TOTAL FEE $ 35

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

10/10/57

1. NO VENT HOOD
2. CONDUCTORS ON CHIME TRANSFORMER
3. BASEMENT STAIR 3 WAY
OK 4. NO THERMOSTAT INSTL REAR YARD & FRONT YARD
OK 5. NO ☆ ON DOORBELL
OK 6. REVERSED POLARITY GFI @ 1ST FL BATH
N/G 7. NO BULBS TO CK 3 WAYS
N/G 8. U/L LISTING OF FRONT YARD FIXTURE

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									
☐ 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.									
☐									
☐									

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.				

APPLICATION 16811

TOWNSHIP OF MIDDLETOWN, N. J.

APPLICATION FOR BUILDING SEWER PERMIT

Date Dec 23/97 Permit No. _____

The undersigned, being the Fred Sterling (OWNER, OWNERS, AUTHORIZED AGENT) of the property located at 5 Rose St Lincroft (NUMBER) (STREET)

Old LOT/Block 338 18

Sub-Division Name _____ Block 1112 Lot 21.02

Tax Map Lot 21.02 Block 1112, does hereby request a permit to install and connect a building sewer to serve the above location which is owned by Fred Sterling whose address is 5 Rose St. Lincroft

The proposed building connection will be installed on the Curb side of the street, approximately 50' feet from Curb street.

The name and address of the Plumbing Contractor who will perform work is _____

AM. P.M. Plumbing License No. 9971

The proposed size of the building sewer is 4".

The proposed pipe material to be used is _____

Drawings showing the plan and profile of the building sewer are shown on reverse side of Plumbing Inspector and Sewerage Authority copies of this form. The plan shall show the location of the building to be served, the alignment of the building sewer, clean-outs, distances from house to the curb, location of water supply lines and the minimum distance between the water supply line and building sewer. The profile shall show elevations of the cellar floor, house drain, building sewer, existing ground over the building sewer, clean-outs and the curb line.

In consideration of the granting of this permit, the undersigned agrees to all the terms and conditions set forth on the reverse side of this application.

Signed Fredrick Construction (APPLICANT)

[illegible] Fredrick (ADDRESS OF APPLICANT)

Phone 291-1289

SEWERAGE AUTHORITY OFFICE:

Sewer connection fee paid as follows: $ due 3012.00 Ck #2012

Rec # 7663

Received by Colleen Weldon

Application approved for issuance of Plumbing Permit.

Date 1-2-98 Signed _____ MANAGER

PLUMBING INSPECTOR'S OFFICE:

$_____ Permit and inspection fee paid.

Received by _____

Application approved and permit issued.

Date _____ Signed _____ PLUMBING INSPECTOR

INSPECTION:

Connection completed, inspected and approved _____ PLUMBING INSPECTOR

Date 12-26-97

CONDITIONS

1. The permit is issued under the express condition that every person acting under the same shall conform to the representations and conditions of the application therefore and shall accept and conform to and be governed by the ordinance pertaining to sewers and the use thereof of the Township of Middletown adopted March 11, 1964, and all other pertinent laws, resolutions, ordinances, rules and regulations, schedule of fees and changes that exist now and that may be adopted in the future by the Township and for the Township of Middletown Sewerage Authority.

2. The permit shall be maintained at the site of any work being done under its authority and shall be shown upon request of any authorized person.

3. The Township of Middletown and its agents assume no responsibility that any representations in the application for this permit were correct and assume no responsibility for any information furnished or not furnished.

4. The owner of the property being served by the building sewer agrees to pay the sewer connection charge and the annual sewer service charge as established by the Township of Middletown Sewerage Authority and to maintain at no cost or expense to the Township, that portion of the building sewer between the curb line and the walls of the building.

5. The applicant agrees to notify the Plumbing Inspector when the building sewer is ready for inspection and connection to the public sewer. No portion of the work shall be covered until the work has been inspected and approved by the Plumbing Inspector.

6. The owner agrees that he shall at all times indemnify and save harmless the Township and its officers, agents and servants, on account of any and all claims, damages, losses, litigation, expenses, counsel fees and compensation arising out of injuries (including death) sustained by, or alleged to have been sustained by the servants, employees or agents of the Township, or of the owner, any contractors employed by him or any subcontractor or material men, and from injuries (including death) sustained by or alleged to have been sustained by the public, any or all persons on or near the work, or by any other person or property, real or personal (including property of the Township), caused in whole or in part by the acts or omissions of the owner, any contractor employed by him or any subcontractor or material man or anyone directly or indirectly employed by them or any of them while engaged in the performance of any work covered by the permit and during any maintenance period specified in the aforementioned ordinance.

7. The applicant, before being issued a permit shall provide the Plumbing Inspector's Office with satisfactory evidence of the following minimum insurance coverage on behalf of the owner and plumbing contractor to indemnify loss or injury proximately caused by the owner's and/or his agent's negligence or failure to comply with any State or local laws and ordinance or regulation of the Sewerage Authority.

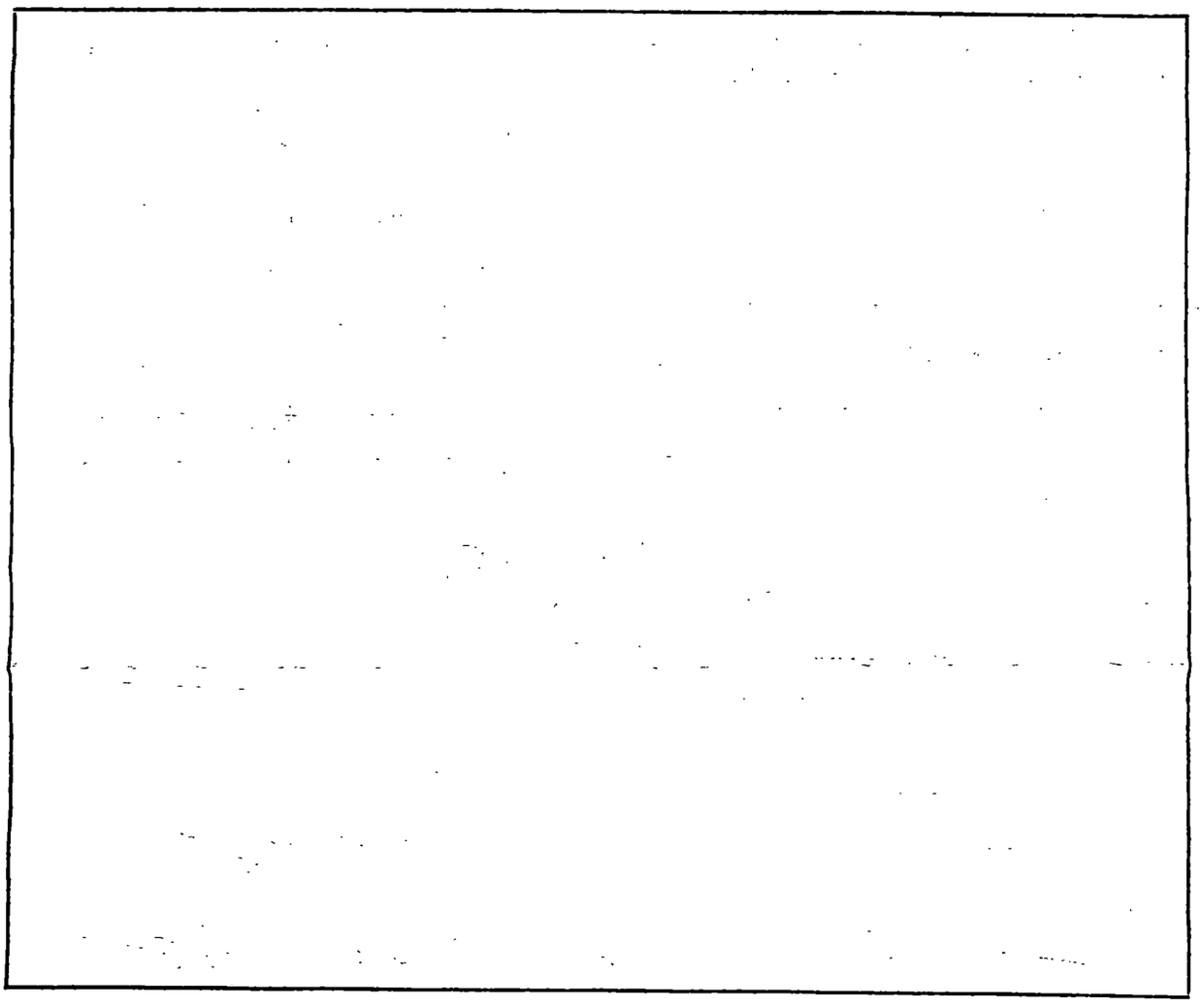
A. Manufacturers and Contractor's Public Liability and Property Damage Insurance in the minimum amount of:
   1. One person in any one accident, amount $100,000.
   2. Three or more persons in any one accident, amount $300,000.
   3. Property Damage in any one accident, amount $25,000.

B. Completed Operations in the amount of $25,000. This policy shall remain in force for a minimum period of one year after completion of the work.

C. Workmen's Compensation Insurance - New Jersey Statutory.

Submission of evidence of the above insurance coverage will not be required in the event the owner performs the work himself as permitted by State Statutes. However, in that event the Owner assumes all liability for loss or injury due to his negligence or failure to comply with any State or local laws and ordinances or regulations of the Sewerage Authority.

SKETCH OF PROPOSED INSTALLATION



NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
CN 805
Trenton, NJ 08625-0805

Department Of Community Affairs

Certificate of Participation

in the New Home Warranty Security Fund

Owner ☐ **Check if for Common Elements***

1 [illegible]
Name of Owner who will be first resident. **When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

New Dwelling Location

3 [illegible]
Street Name and Number

Building Number | Unit Number | Total Number of Units in Building

[illegible] | 07728 (?)
City | Zip Code

1112 (?) | 31.02 (?)
Block Number | Lot Number

[illegible] | Monmouth (?)
Municipality | County

Registered Builder-Warrantor**

2 [illegible]
Name
[illegible]
Street and Number (Mailing Address)
[illegible]
City | State | Zip Code

Phone Number ([illegible]) [illegible]

NJ Builder Registration Number [illegible]

Print Builder Name [illegible]

[illegible]
Registered Builder's Signature

***Where title is transferred, the seller must be the registered builder and warrantor.*

Commencement Date of Warranty [illegible]

4 Commencement Date*** 12 2? 97 (?)
Month Day Year

****The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.*

Premium Payment

5 **a.**
Selling Price**** $ ____________

Amount of Premium $ ____________
(Rate ______ x Selling Price)

*****Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable. A premium payment is not required if this certificate is for common elements in a condominium development.*

b.
☐ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:

For Office Use Only

Total Contract Price [illegible]

Amount of Premium $ [illegible] [illegible]
(1.25 x Total Contract Price x Rate [illegible])

FHA Mortgage

6 ☐ Check if FHA Mortgage
FHA Case Number ☐☐☐–☐☐☐☐☐☐☐

☐ Check if VA Mortgage
VA Case Number ____________

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8 ☐ Single family detached (101)
☐ Townhouse (102)
☐ Two Family (103)
☐ Side by Side
☐ Top/Bottom
☐ Condominium - *three or four units in each building* (104)
☐ Condominium - *five or more units in each building* (105)

Construction Type (check one)

9 ☐ Premanufactured (industrial or modular) (M)
☐ Conventional Construction (C)

Stories

10 Number of stories [illegible]

Owner Type (check one)

11 ☐ Condominium or Cooperative (C)
☐ Homeowners' Association - fee simple (H)
☐ No Homeowners' Association - fee simple (N)

PRED

12 PRED Registration or Exemption Number (R or E)
____

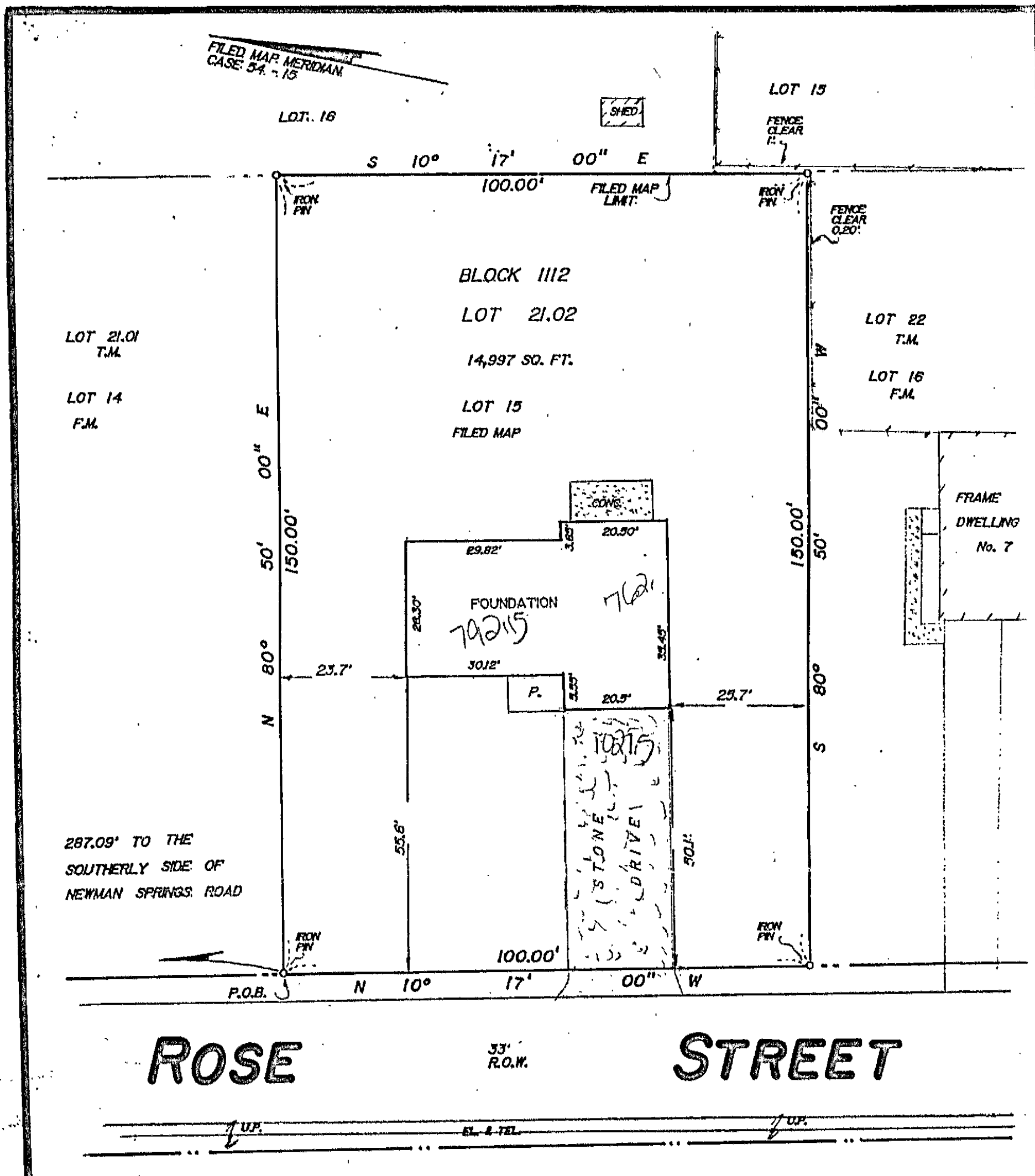
Note: See reverse side for assignment of property.

Note to Owner:
Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Booklet with this certificate. If you did not receive it, write to the above address.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, NJSA 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years.

VALIDATION STAMP
CERTIFICATE NUMBER
127777 DEC 17 97
WARRANTY NUMBER

7685c rev.7/93



Deed Description; The property is also known as Lot 15 on map entitled, Revised Map Plot Plan Property of J. Adolph Braun, Lincroft, Middletown Twp., Monmouth Co., N.J., filed in the Monmouth County Clerk's Office on August 21,1956, Case 54-15.

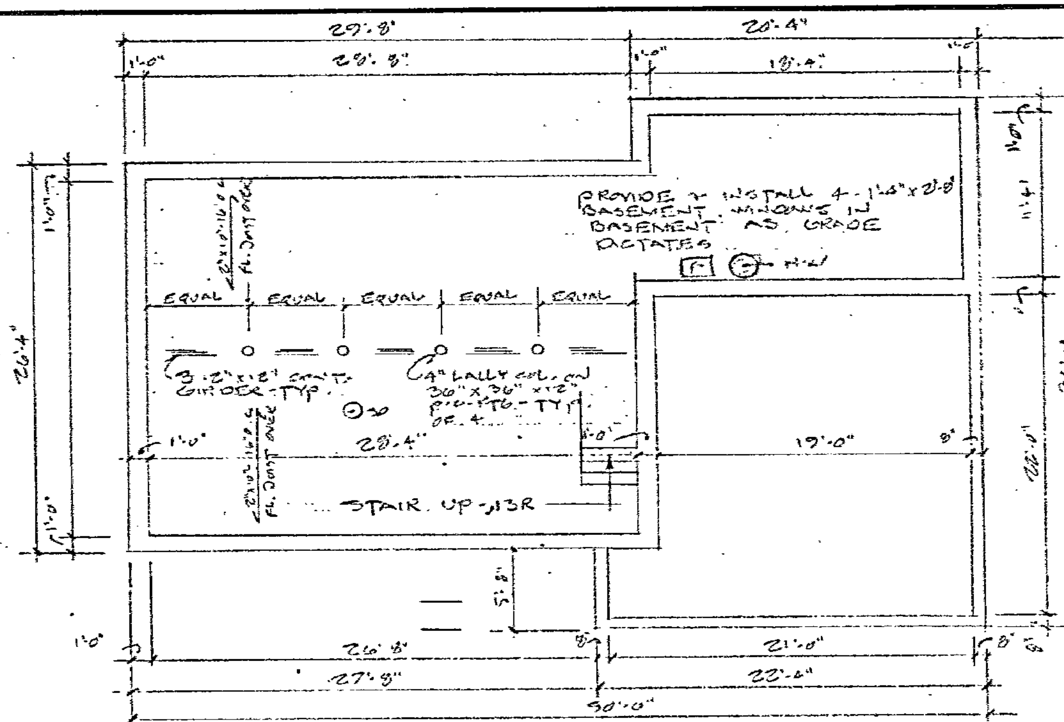
Certified to Robert A. Fedak
and the Township of Middletown.

foundation location survey 10/21/97

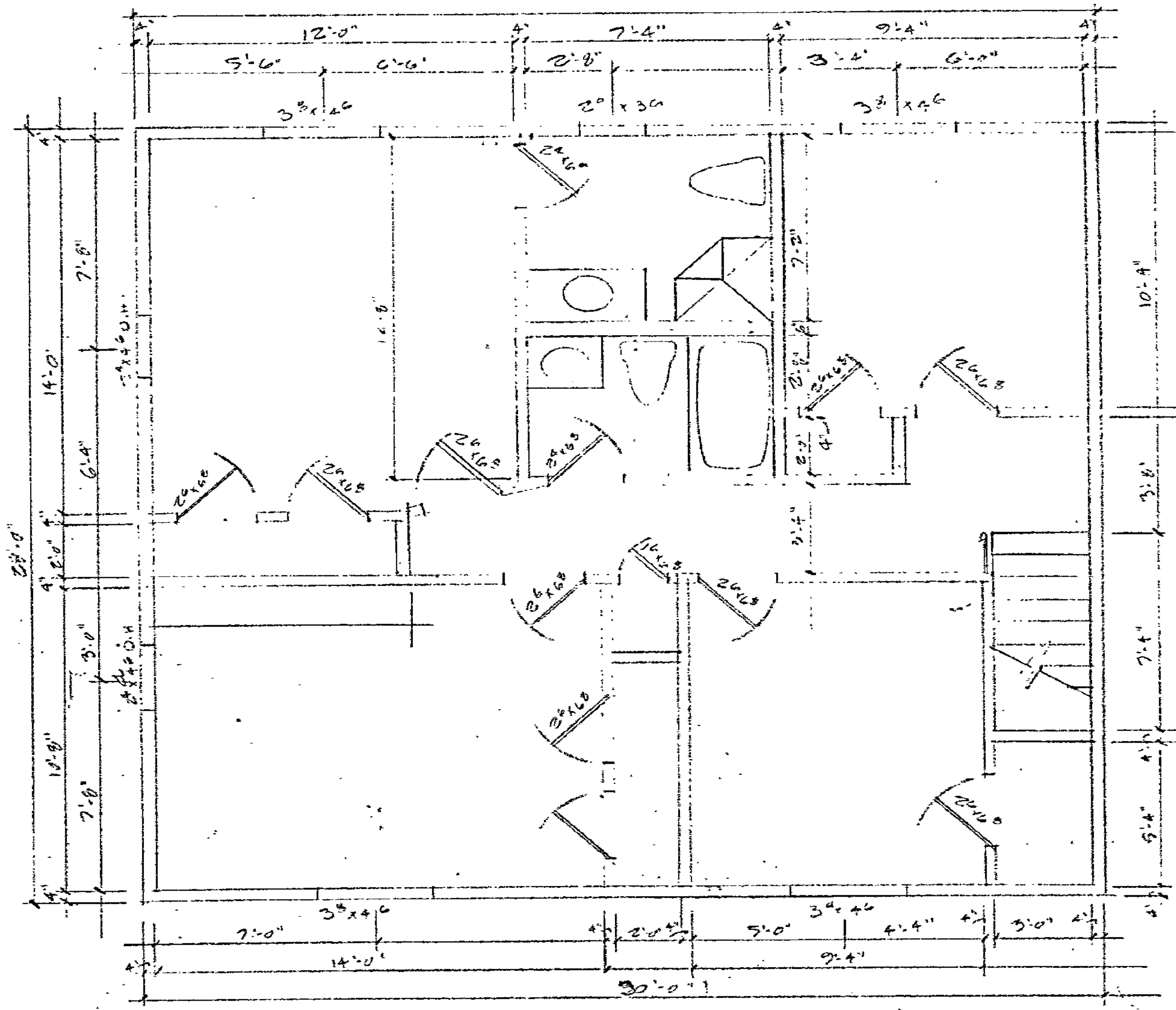
25812 17 0/0

Foundation Location Survey
at Lot 21.02, Block 1112, on the
Official TAx Map of the Township
of Middletown, Mon. Co.,N.J.

Thomas A.Finnegan, Land Surveyor
Belford,N.J. Lic.#10624
Scale 1"=20' April 11,1997

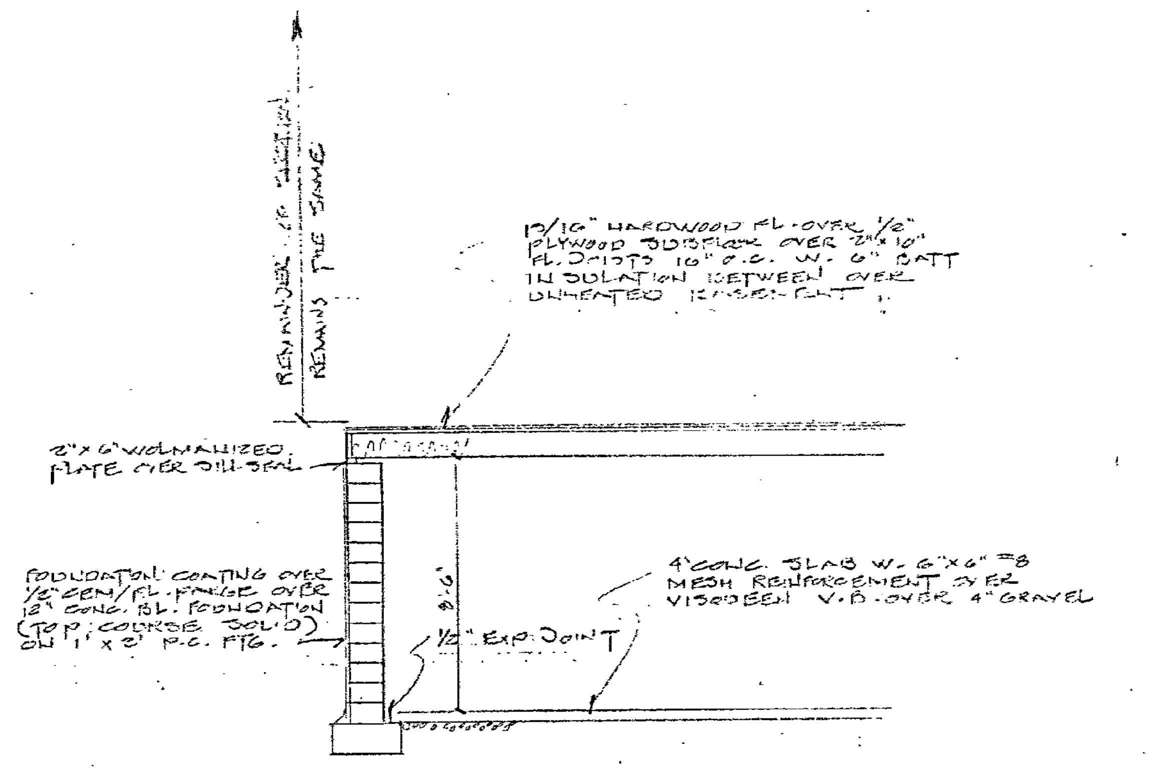


BASEMENT PLAN
1/8" = 1'-0"



SECOND FL. PLAN
1/4" = 1'-0"

NOTE
1) IF BASEMENT PLAN OPTED FOR - MOVE FURNACE + HW. HTR TO BASEMENT + OPEN STAIR OF KITCHEN.
2) IF BASEMENT IS CONSTRUCTED ADD 9189 C.F. TO VOLUME
3) IF A CRAWL SPACE IS DESIRED USE 16" x 16" CONC. BLOCK PIERS ON 30" x 30" x 12" P.C. FTG - ADD 4594 C.F. TO CUBIC FOOTAGE OF HOUSE — PROVIDE + INSTALL 5 - 8" x 16" FOUNDATION VENTS + 1 ACCESS PANEL TO EXTERIOR AS GRADE DICTATES.



AMENDED SECTION - BASEMENT
1/4" = 1'-0"

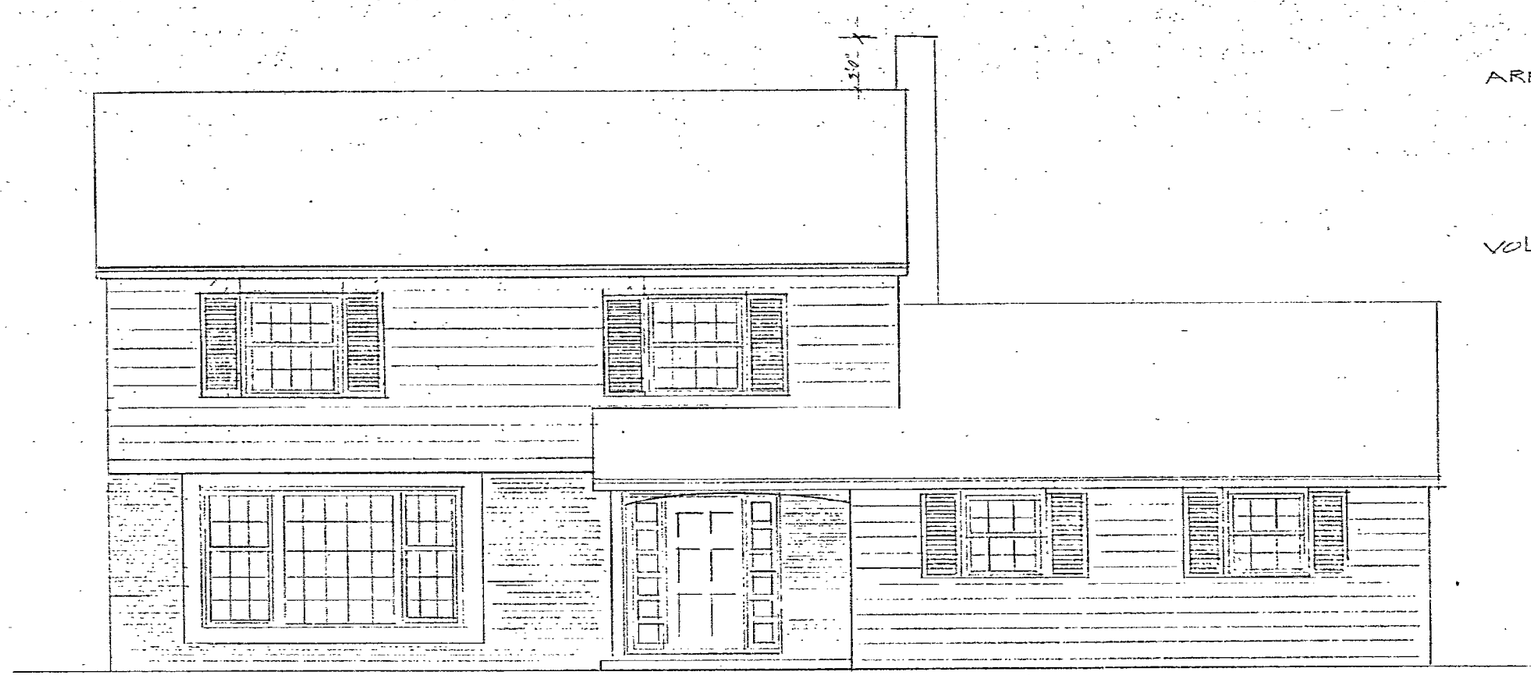
MIDDLETOWN TOWNSHIP BUILDING DEPARTMENT
PLAN REVIEW APPROVAL
BUILDING 3/9/93
PLUMBING 3/12/93
ELECTRICAL
FIRE PROTECTION

REVISIONS	BY

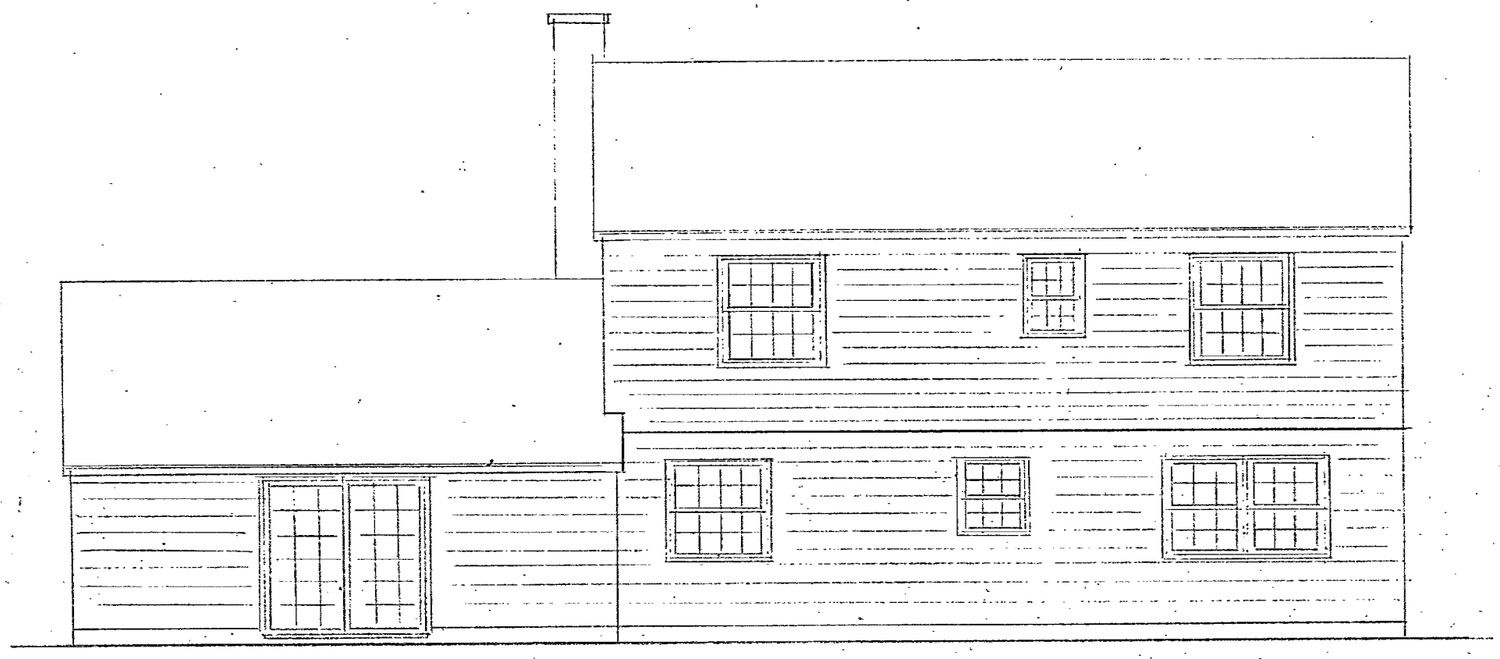
PROPOSED RESIDENCE FOR
FEDAK HOMES
AMENDED PLAN C-1881

ROYAL E. STARK
ARCHITECT PLANNER
P.O. BOX 602
MIDDLETOWN, N.J.

DATE	29 MARCH 85
SCALE	AS NOTED
DRAWN	STARK
JOB	C-1881 AMENDED
SHEET	A1 OF ONE SHEETS AMENDED



FRONT ELEVATION



REAR ELEVATION

AREA - FIRST FL.	1041 S.F.
SECOND FL.	840 S.F.
TOTAL LIVING	1841 S.F.
GARAGE	480 S.F.
TOTAL	2301 S.F.

VOLUME 25,330 C.F.

NOTE:

1) RCCA, NTL. ELEC. + NTL. PLUMBING CODES, LATEST EDITIONS, SHALL GOVERN
2) LUMBER TO BE DOUG-FIR 1450 P.S.I.
3) CONC. TO BE 3000 P.S.I. MIN.
4) MIN. SOIL BEARING 2 TONS P.S.F.
5) EACH BTH TO HAVE MEDICINE CAB.
6) EACH BTH. TO HAVE EXHAUST FAN TIED TO LIGHT SWITCH EXHAUSTED TO EXTERIOR
7) HEAT TO BE FHA OR HWBB - GAS OR OIL FIRED, AS DESIGNED AND INSTALLED BY A LICENSED HVAC CONTRACTOR
8) CONTRACTOR SHALL FLASH W. METAL FLASHING
9) VENT DRYER UNDER SLA'S TO EXTERIOR OR BETWEEN JOISTS TO OVERHANG
10) ALL MATERIALS TO BE INSTALLED STRICTLY IN ACCORD. W. MANUF. SPECS.
11) ALL BEDROOM WINDOWS TO COMPLY WITH EGRESS REQUIREMENTS OF UBC

OCCUPANCY - R-4 (REVIEW UNDER CABO)
CONSTRUCTION - 5B

REVISIONS	BY
25 OCT. 89 NOTES	JES
17 FEB 12 UPDATE	JES

PROPOSED RESIDENCE FOR

ELEVATIONS; NOTES; AREA

ROYAL E. STARK
ARCHITECT
PLANNER
P.O. BOX 602
MIDDLETOWN, N.J.
07748

DATE 24 AUG 89
SCALE 1/4" = 1'-0"
DRAWN STARK
JOB 89-1881
SHEET
OF FOUR SHEETS

LV. RM. SIDE ELEVATION
1/4"=1'0"

ELECTRICAL DATA

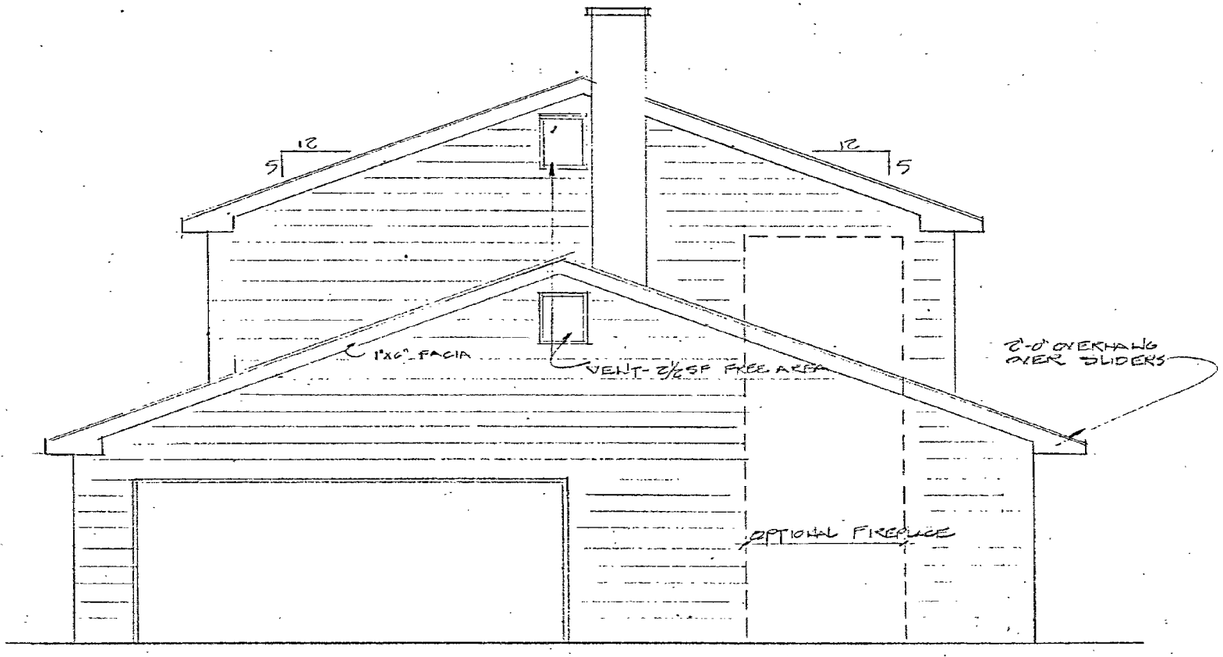
EQUIPMENT	PROPOSED	INSTALLED
RECEPTACLES	39	
SWITCHES	27	
FIXTURES	17	
WATER HEATER	30 A. - 240 VOLT	MAY BE GAS
RANGE	50 A. - 120/240 VOLT	MAY BE GAS
DRYER	30 A. - 120/240 VOLT	
SERVICE PANAL	42. SWITCH	
SERVICE	150 AMP	
CONDUIT - 15 & 20 A. CIR.	COPPER	

ENERGY CODE CALCULATIONS

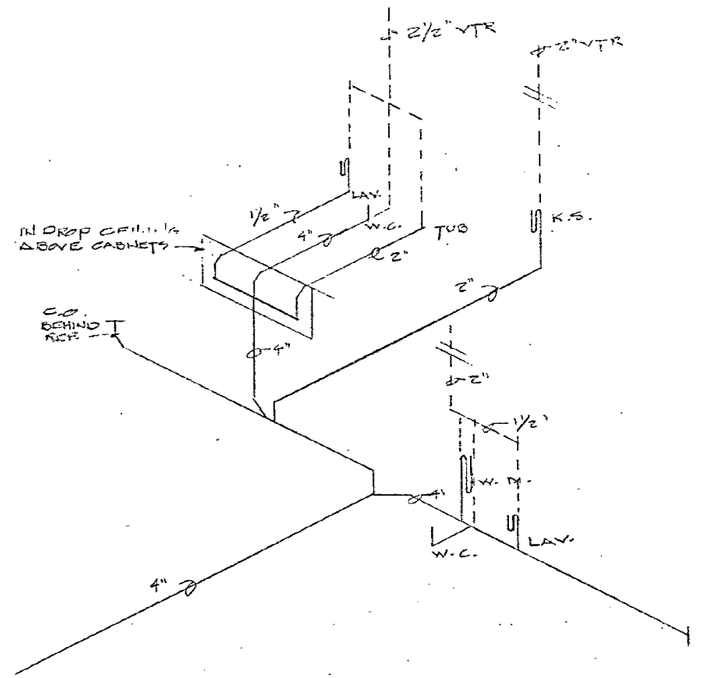
WALL COMPONENT	AREA	R	A/R
WINDOWS - SINGLE PANE WOOD	178	1.83	97.26
SLIDING GLASS DOOR - METAL	93	2.83	41.70
STEEL CLAD FRONT DOOR	20	2.5	14
WALL - AT GARAGE - CAVITY	258	14.3	18.04
FRAME	28	7.65	3.66
WALL - OUTSIDE - CAVITY	1448	13.79	105.00
FRAME	161	7.14	22.54
DOOR - AT GARAGE	18	2.32	7.75
TOTAL	2228		312.32

312.32 / 2228 = .1401 BTU/HR/SF/°F < .23 (CODE LIMIT)

MEETS CODE



GARAGE SIDE ELEVATION
1/4"=1'0"



PLUMBING ISOMETRIC
NO SCALE

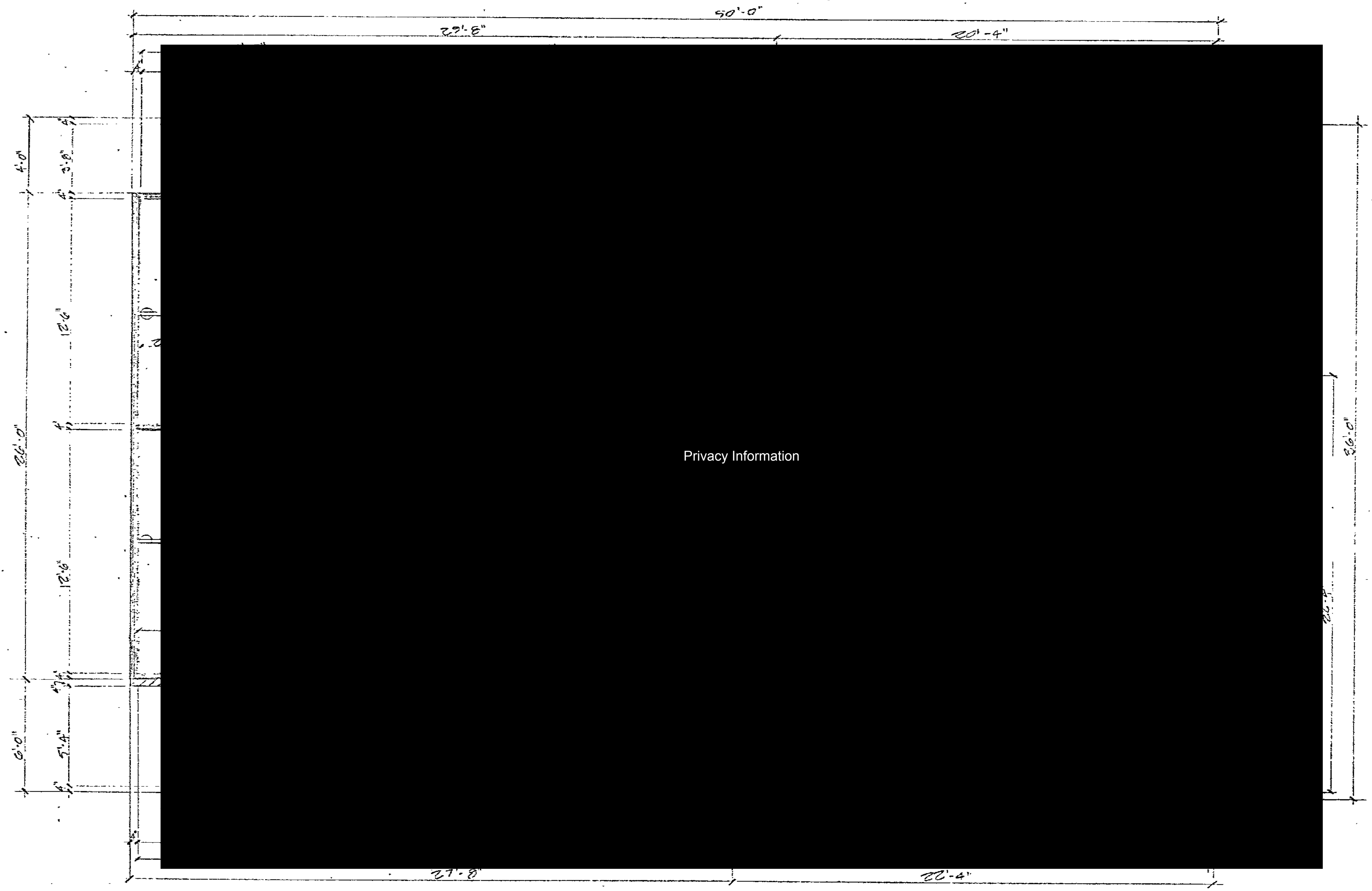
REVISIONS	BY

PROPOSED RESIDENCE FOR
ELEVATIONS, FLOOR, ENERGY, PLUMB

ROYAL E. STARK
ARCHITECT PLANNER
P.O. BOX 602
MIDDLETOWN, U.S.
PHONE 6-1832

DATE 24 AUG. 77
SCALE AS NOTED
DRAWN STARK
JOB C-1881
SHEET
OF FOUR SHEETS

NOTE - FURNACE & HW HTR
TO BE IN BASEMENT



[redacted]

FIRST FL. PLAN 1/4"=1'-0"

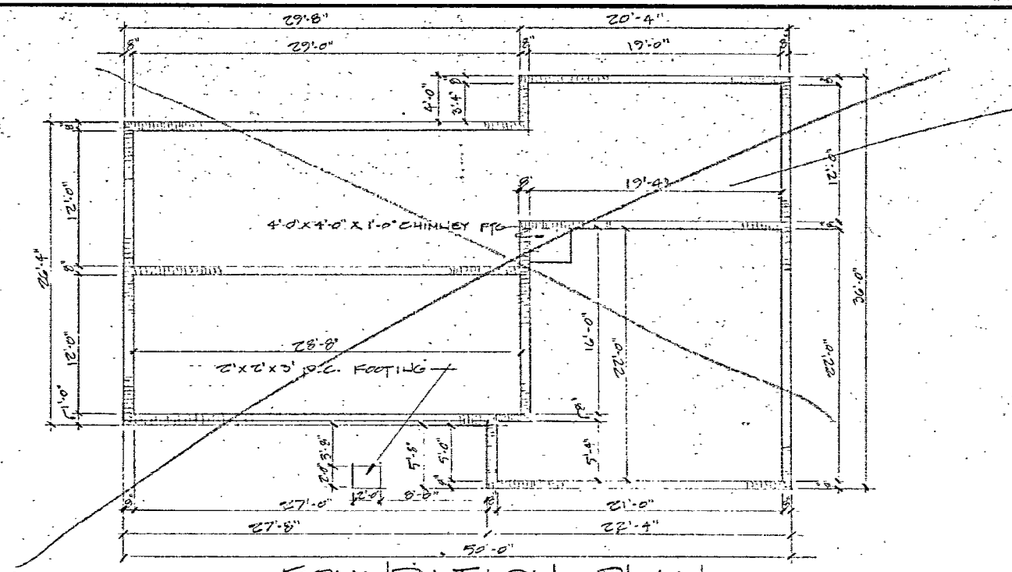
REVISIONS	BY
17 FEB 97 UPDATE	RES

PROPOSED RESIDENCE FOR

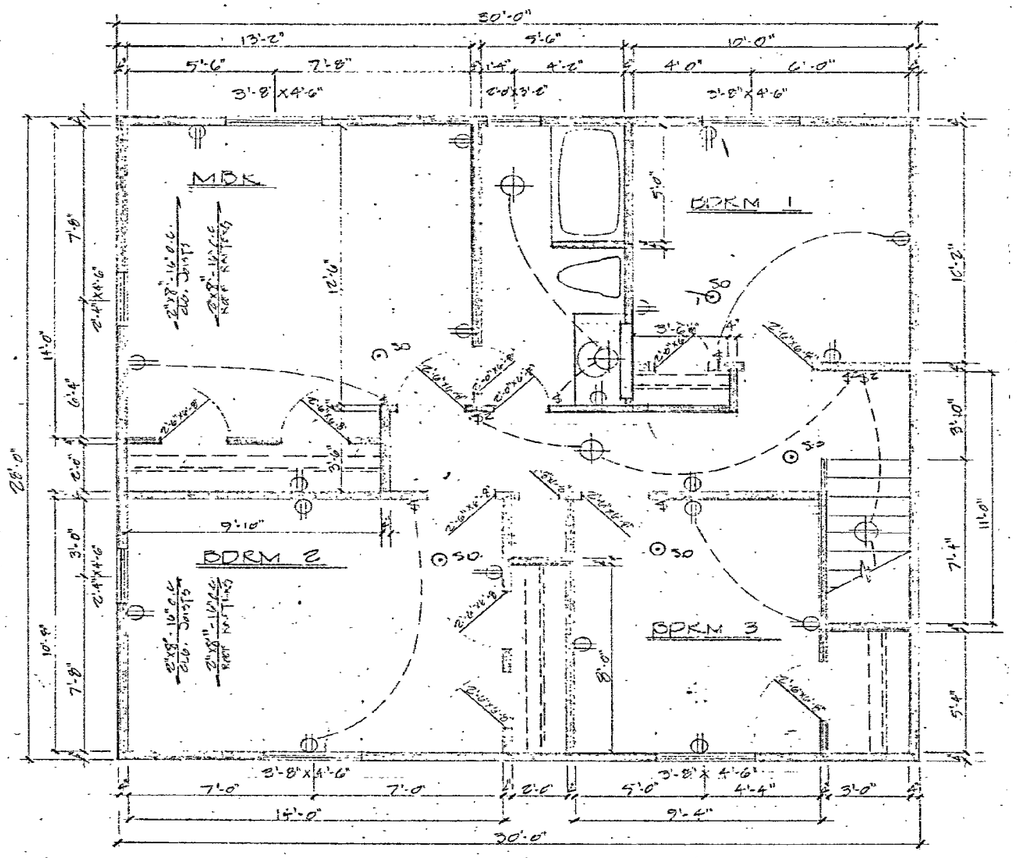
FIRST FL. PLAN

ROYAL E. STARK
ARCHITECT PLANNER
P.O. BOX 602
MIDDLETOWN, N.J.

DATE 24 AUG 79
SCALE 1/4"=1'-0"
DRAWN STARK
JOB C-1881
SHEET
OF SHEETS

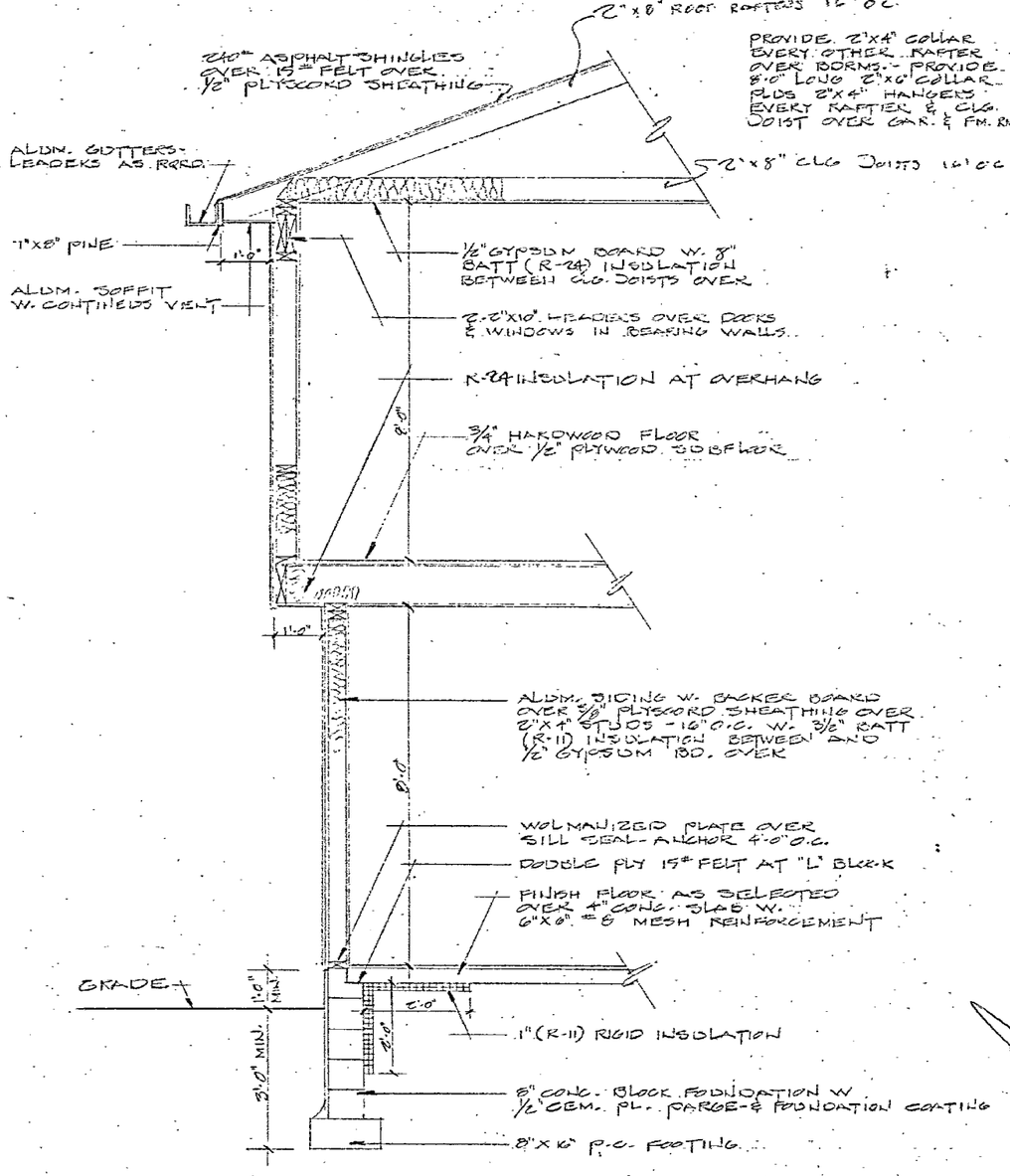


FOUNDATION PLAN
1/8" = 1'-0"



SECOND FLOOR PLAN
1/4" = 1'-0"

VOID
PROVIDE BASEMENT



TYPICAL WALL SECTION
1/2" = 1'-0"

SEE BASEMENT PLAN

REVISIONS	BY
17 FEB 79 ADD ATTIC	RTS

PROPOSED RESIDENCE FOR
SECOND FL. FOUNDATION SECTION

ROYAL E. STARK
ARCHITECT PLANNER
P.O. BOX 602
MIDDLETOWN, N.J.

DATE	C.F. AUG. 79
SCALE	AS NOTED
DRAWN	STARK
JOB	C-1881
SHEET	IV
OF	FOUR SHEETS

Redaction Log

Reason	Page (# of occurrences)	Description
Privacy Information	**1** (1) **4** (1) **5** (1) **12** (1) **14** (1) **24** (1)	---