BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 3-21-06

Date Issued
Permit # 06-00322

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

Block 796 Lot 8 Qualification Code

Work Site Location 1911 SHAWNBROOK DR.

Owner in Fee KELLY.

Address 1911 SHAWNBROOK

Tel. (732) 469 3457.

Contractor CLASSIC CONSTRUCTIONS

Address 1111 RT 22 (EAST) MARTINSVILLE NJ 07973.

Tel. (908) 263-6700 FAX (908) 389 0975

Contractor License No. or Builder Registration No. 13VH00551900.

Federal Emp. No 223776300.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	3/22/06	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			3/29	TB
Footing Bonding				
Foundation				
Slab			3/29	TB
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
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 9' Ft.
Area — Largest Floor 196 Sq. Ft.
New Bldg. Area/All Floors 196. Sq. Ft.
Volume of New Structure 1764. Cu. Ft.
Total Land Area Disturbed 196. Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 31,000
2. Rehabilitation $
3. Total (1+ 2) $ 31,000.

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

SUNROOM ONLY ON TOP FOUNDATION AND SLAB EXIST

14' x 14'

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] 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)

$	
	47.-
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	47.-

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 5/2/06
Permit # 06-00322

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

Block 146 Lot 8 Qualification Code

Work Site Location 1911 Shadowbrook DR.
Wall NJ 07719

Owner in Fee Joe Kelly
Address 1911 Shadowbrook Dr.
Wall NJ 07719
Tel (732) 449.3452

Contractor Shark River Electric LLC
Address 1772 Belmar Blvd.
Wall NJ 07719
Tel (732) 359.0255 FAX (732) 280.

Contractor License No. 10155A
Federal Emp. No. 203480710

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ ~~1400~~ 1035.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved

Date: 4/26/06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	NEW
5		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
11		TOTAL NUMBERS	$ 34
		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 $
State Permit Surcharge Fee $
TOTAL FEE $ 46

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 8-6-96
Control #
Permit # 96-1287

IDENTIFICATION Block 7906 Lot 8

Work Site Location 1911 Shadowbrook Dr

Owner in Fee Mr & Mrs Kelly

Address Same

Tele. (____) _____

Contractor Lovett H. & A/C

Address 3760 Rt 88
Pt. Pl. B NJ.

Tele. (____) 899-6704

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

Federal Emp. No. 22-192 5256

or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [X] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

gas line, furnace

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 $ 2,250.

Greg Kirk

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	
Electrical	
Plumbing	
Fire Protection	92
Elevator Devices	
Other	
DCA Training Fee	3
Cert. of Occ.	
Other	
Total	95.
Check No.	
Cash	95
Collected By:	

(see reverse side)

U.C.C. Form F-170C

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

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-6-96
Date Issued
Control #
Permit # 96-1287

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

Block 796 Lot 8
Work Site Location 1911 Shadowbrook Dr. Wall
Owner in Fee M/M Kelly
Address SAME
Tele. ( )
Contractor FOUR Point Heating & A/C
Address 3140 Rt 88 Pt Pleasant Boro NJ.
Tele. (908) 899-6704
Lic. No.
Federal Emp. No 22-192 5256 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present FAN Coil + CU Proposed NAT GAS Furn + A/C Coil
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other 2nd Floor Existing Furn. Is Propane and will be converted to NAT GAS.
Location: BASEMENT - Direct Vent PVC Flue.
Total Est. Cost of Fire Prot. Work $ 3,150. [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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

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		
Heat Detectors		
TOTAL		
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	1	46
OTHER furnace	1	46
		92

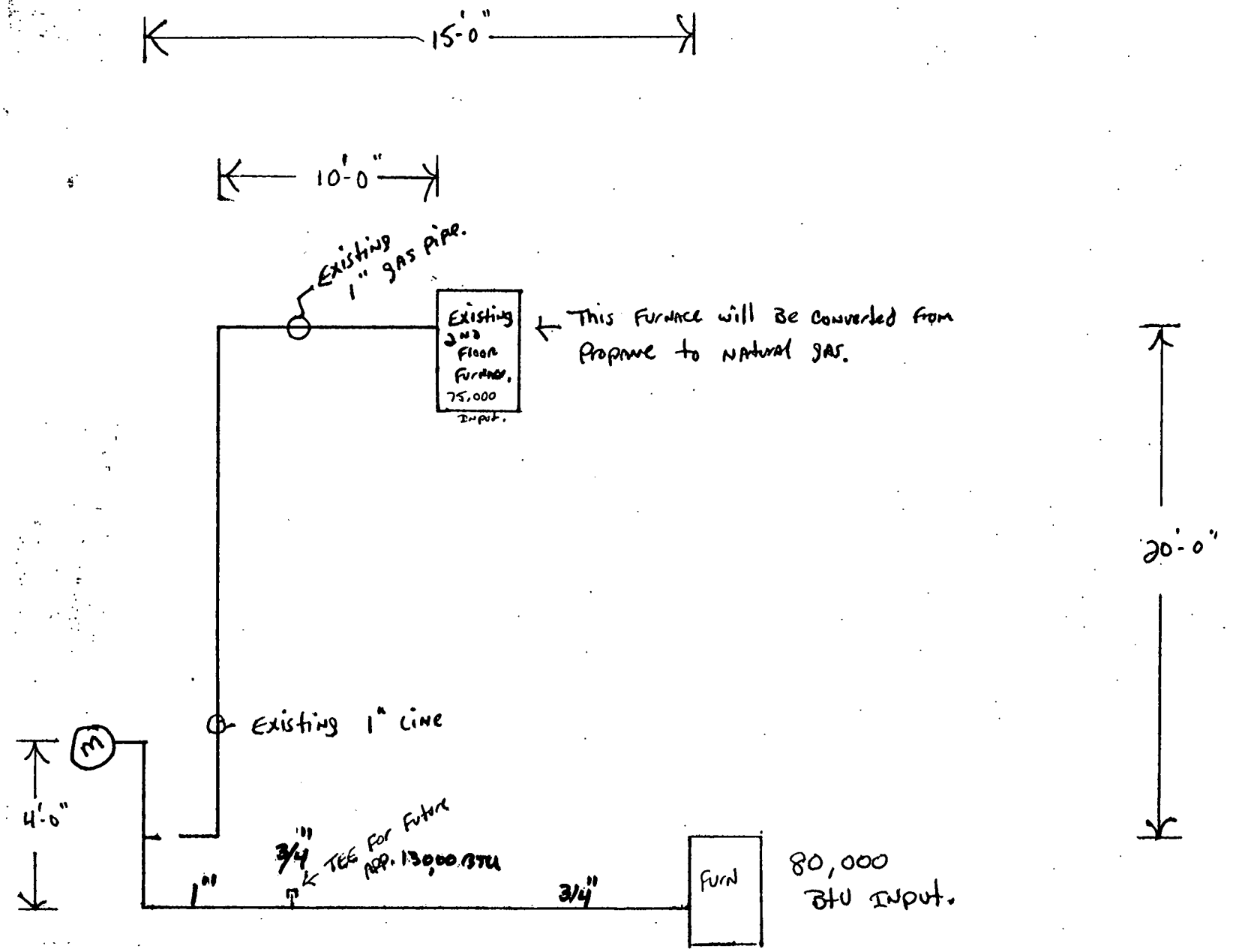
Paid [ ] Check # Cash
Collected by: MG

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 3.
TOTAL FEE $ 95.

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

FOUR Point Heating & A/C
3140 Rt 88 Pt Pleasant Boro.
N.J.

GAS Pipe Schematic for.
M/M Kelly
1911 Shadowbrook Dr. Wall Twp.



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-6-96 B-796
Date Issued 2-8
Control #
Permit # 96-1287

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

Block 796 Lot 8
Work Site Location 1911 Shadowbrook Dr. WALL
Owner in Fee M/M Kelly
Address SAME
Tele. ( )
Contractor FOUR Point Heating & A/C
Address 3140 Rt 86 Pt Pleasant Boro NJ.
Tele. (908) 899-6704
Lic. No.
Federal Emp. No. 22-172 5956 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present FAN Coil + C/U Proposed NAT GAS Furn + A/C Coil
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other 2nd Floor Existing Furn. IS Propane and will be converted to NAT GAS
Location: BASEMENT - Direct Vent PVC Flue.
Total Est. Cost of Fire Prot. Work $ 3,150. [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other GAS LINE TEST			8-16-96	DM
Other				
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

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		
Heat Detectors		
TOTAL		
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	1	46.
OTHER Furnace	1	46.

Paid [ ] Check # Cash
Collected by: D.L.

Administrative Surcharge	$ 12
Minimum Fee	$
DCA Training Fee	$ 3.
TOTAL FEE	$ 95.

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

4/9/03 NO ACCESS JPR

6619

No. .....

Permit No. .....

Date 2-6-76

Owner Delmar Plumbing & Heating

Location Shadow Brook Drive

Block 796 Lot 8

Plumber Philip Del Negro

Building used as .....

New Building .....

Alteration .....

All work and materials to be in accordance with the Ordinances of the Township of Wall, County of Monmouth, State of New Jersey.

Philip Del Negro C.N.O. 991

Signature of Applicant

PLAN	$ 3—
SEWER LINE	$ 5—
SEPTIC TANK	$ 20—
FIXTURES - 13	$ 26—
WATER SERVICE	$ 5—
OTHER:—	
.....	$ .....
.....	$ .....
.....	$ .....
.....	$ .....
TOTAL	$ 59 00

Witness

Inspected by. P. C

Date 6-22-76, 19

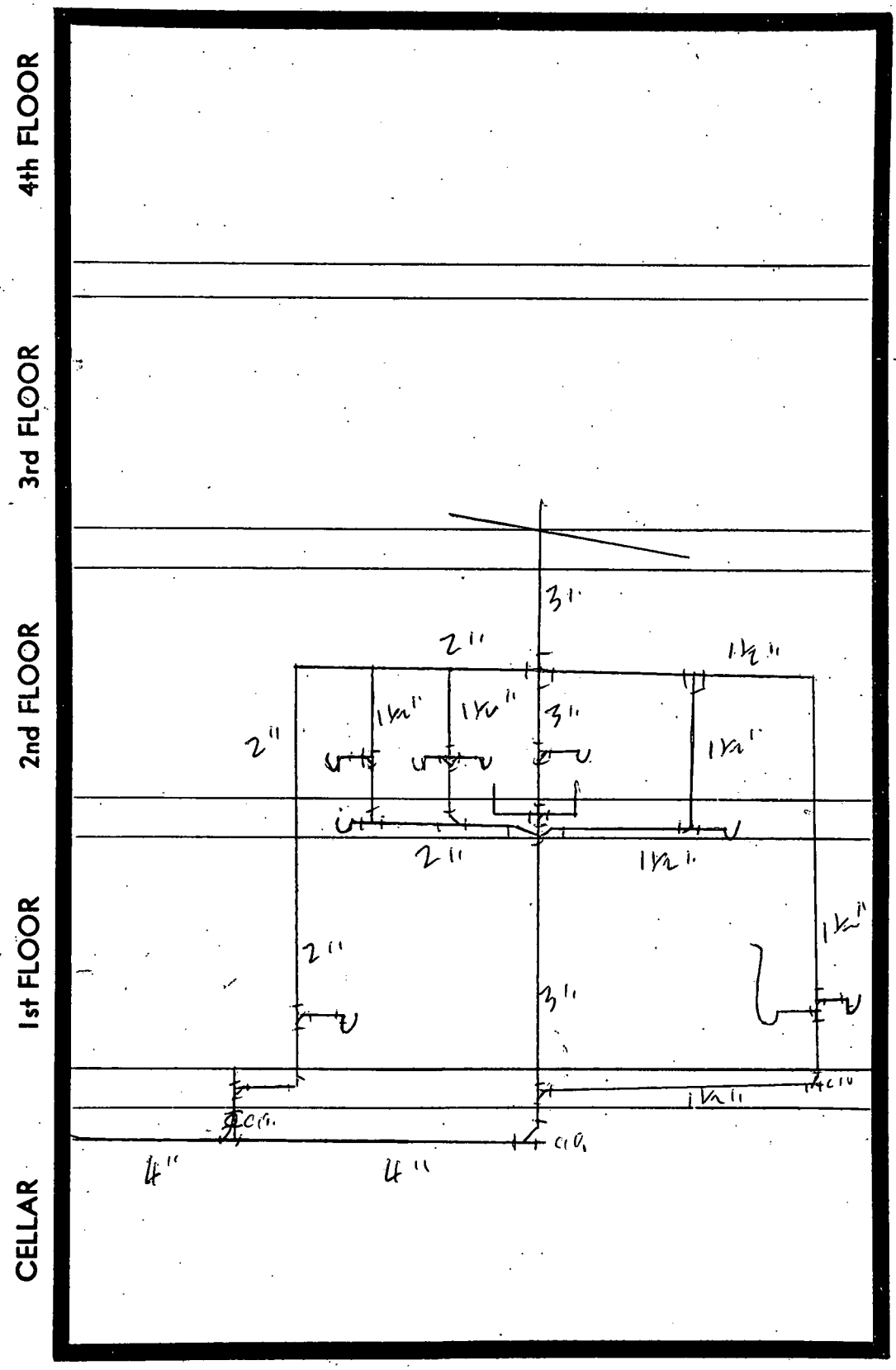
PLUMBING DEPT. — TOWNSHIP OF WALL

COUNTY OF MONMOUTH

PLUMBING INSPECTION

Date .....

Plan No. ..... SECTIONAL PLAN Block 796 - Lot 8



Date Filed FEB 6- 76

Examined and Approved Thurlow Gill Sloan

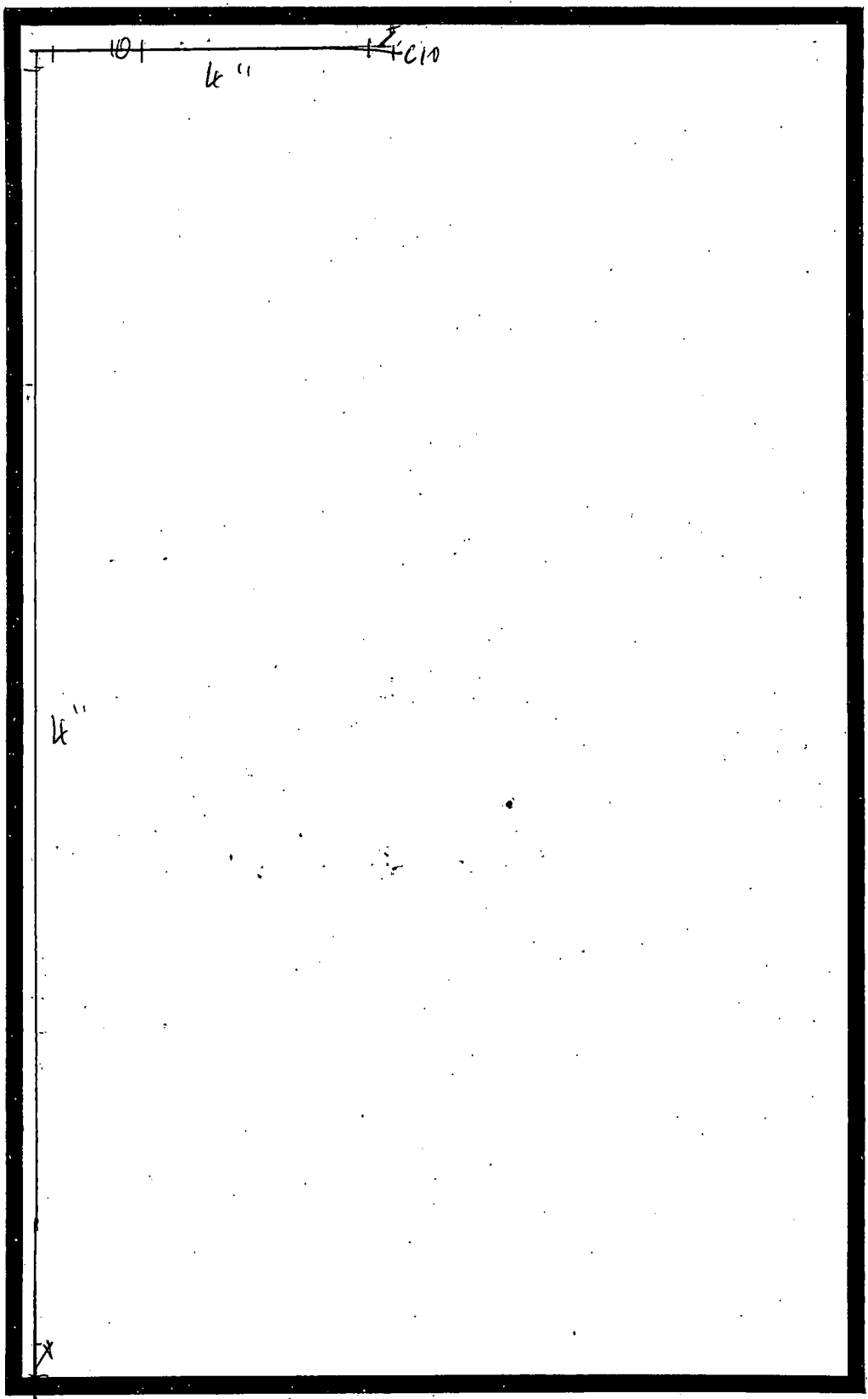
Building Permit No. .....

PLUMBING DEPT. — TOWNSHIP OF WALL

COUNTY OF MONMOUTH

PLUMBING INSPECTION

GROUND PLAN



BLOCK 796 LOT 8 QUALIFICATION CODE ________ ADDRESS (SITE) ________ PERMIT NO. 00-1572

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1911 Shadow Brook
2. Name of Owner in Fee: Kelly Tel. ( ) ________
   Address Same (street / municipality / zip code)
3. Ownership in Fee: Public ________ Private ________
4. Principal Contractor: A1 SURF [illegible] Tel. ( ) ________
   Address PO Box 1442 Brick
   License No. OR, if new home, Builder Reg. No. ________ Exp. Date ________
   Federal Employee No. ________ FAX: ( ) ________
5. Architect or Engineer ________ Tel. ( ) ________
   Address ________
6. Responsible Person in Charge of Work ________
   Tel. ( ) ________ FAX ( ) ________

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories ________	
2.	Height of Structure ________ ft.	
3.	Area — Largest Floor ________ sq. ft.	
4.	New Building Area ________ sq. ft.	
5.	Volume of New 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 ________ no ________	
11.	Max. Live Load ________	
12.	Max. Occupancy Load ________	

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3600								

(Columns from Plans Rec'd by onward: OPTIONAL (for office use only))

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:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

Agent Name DAVID NEVINS

Address Dalton 7498
Bridgeton NJ

Telephone ( ) _____

Signature _____

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

U.C.C. F100-2 (rev. 3/96)

OFFICE DATE RECEIVED: _____ 796

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

U.C.C. F100-3 (rev. 3/96)

80-572

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued 10-25-00
Control #
Permit # 00-1575

IDENTIFICATION Block 796 Lot 8
Work Site Location 1911 Shadow Brook
Owner in Fee Kelly
Address Same
Tel. ( )

Contractor Alsure Neuhaus
Address PO Box 1434
Vauxhall NJ
Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Re Roof

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 $ 3600

Greg Kirk
Construction Official

10/25/00
Date

PAYMENTS (Office Use Only)

Building	68-
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4-
Cert. of Occupancy	
Other	
Total	72-
Check No.	17585
Cash	
Collected by	DM

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

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

(see reverse side)

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.

BUILDING SUBCODE TECHNICAL SECTION

796
8

Date Received
Date Issued 10-25-00
Control #
Permit # 00-1572

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

Block 796 Lot 8
Work Site Location 1911 Shadow Brook
Owner in Fee Kelly
Address [illegible]
Tele. ( ) [illegible]
Contractor [illegible]
Address [illegible]
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

Re roof
one / one

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	10/25/00	
[ ] 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
[ ] Alteration
  [ ] Roofing
  [ ] 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-

Administrative Surcharge	$ 4-
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 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 $ _____
3. Total (1+ 2) $ 3600

BUILDING SUBCODE TECHNICAL SECTION

796
8

Date Received
Date Issued 10-25-00
Control #
Permit # 00-1572

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

Block 796 Lot 8
Work Site Location 1911 Inwood Place

Owner in Fee Kelly
Address [illegible]
Tele. ( ) [illegible]
Contractor [illegible]
Address [illegible]
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

Re roof
one/one

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	10/25/00	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7/8/03
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7/8/03	BK
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] 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-
Administrative Surcharge	$ 4-
Minimum Fee	$
DCA Training Fee	$ 72-
TOTAL FEE	$

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 $ _____
3. Total (1+ 2) $ 3 1600

OK

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

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

03449

TOWNSHIP OF WALL
2700 ALLAIRE ROAD
WALL, N.J. 07719
(732) 449-8444

CERTIFICATE OF OCCUPANCY/APPROVAL

Building Permit No. 00-1572

Zoning Permit No. N/A

Control #_____

IDENTIFICATION Block 96 Lot 8

Work Site Location 1911 Meadow Brook Wall NJ

Owner in Fee Kelly

Address June

Tele. (_____)_____

Contractor Albert Neuhaus

Address Brick NJ

Tele. (_____)_____

Lic. No. or Bldrs. Reg. No._____ Exp. Date_____

Federal Emp. No._____

or Social Security No._____

☐ **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, all applicable land use ordinances and Township approvals, and that the property 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 _____,20____ or the owner will be subject to a fine or order to vacate:

Type of Warranty Plan: [ ] State [ ] Private

Construction Classification_____

Maximum Occupancy Load_____

Zone_____

Land Use Designation Single family dwelling

ESTIMATED COST $ 3600.-

Home Warranty No. N/A

Use Group R-3

Maximum Live Load_____

Description of Work/Use: Reroof Going Over

Construction Official, Township of Wall

Land Use Officer, Township of Wall

Dated: 7-16-03

C.O. No. 03-449

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11-12-93
Control #
Permit # 93-1398

IDENTIFICATION Block 796 Lot 8

Work Site Location 1911 Shadowbrook DR WALL N.J

Owner in Fee MR. JOSEPH J. KELLY JR.
Address 1911 Shadowbrook DR. WALL N.J
Tele. (____)

Contractor CAT CORP
Address 200 Shark River Rd WALL N.J
Tele. (____) 1-800-662-3010
Lic. No. or Bldrs. Reg. No. 127 Exp. Date 6/95
Federal Emp. No.
or Social Security No. 146-16-7110

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: CONNECTION TO SEWER utility.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	46 -
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1 -
Cert. of Occ.	
Other	
Total	47.00
Check No.	1558
Cash	-
Collected By:	AK

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 $ 1,200 -

Greg Kirk
CONSTRUCTION OFFICIAL

(see reverse side)

U.C.C. Form F-170C

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

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.

U.C.C. Form F-170D

TOWNSHIP OF WALL
2700 ALLAIRE ROAD
WALL, N.J. 07719
(201) 449-8444

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-13-93
Control #
Permit # 93-1398

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

Block 796 Lot 8
Work Site Location 1911 Shadowbrook DRIVE. WALL N.J
Owner in Fee MR. JOSEPH J. KELLY JR
Address 1911 Shadowbrook DRIVE WALL N.J
Tele. ( )
Contractor CAT CORP
Address 200 Shark River Rd WALL N.J.
Tele. ( ) 1-800-662-3010
Lic. No. 127
Federal Emp. No. or Social Security No. 146-16-7110

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" PVC.
Water Service Size
Estimated Cost of Plumbing Work $ 1,200.00

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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.

S. Fiorenzo
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	46
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 1
Paid [X] Check # 1398 Minimum Fee $
Collected by: AK TOTAL $ 47

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

TOWNSHIP OF WALL
2700 ALLAIRE ROAD
WALL, N.J. 07719
(201) 449-3444

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-13-93
Control #
Permit # 93-1398

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

Block 796 Lot 8
Work Site Location 1911 SHADOWBROOK DRIVE, WALL N.J
Owner in Fee MR. JOSEPH J. KELLY, JR
Address 1911 Shadowbrook DRIVE WALL N.J
Tele. ( )
Contractor CAT CORP
Address 200 SHARK RIVER Rd WALL N.J.
Tele. ( ) 1-800-662-3010
Lic. No. 127
Federal Emp. No. / or Social Security No. 146-16-1110

B. PLUMBING CHARACTERISTICS

Use Group Present 4 FVE Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 1,200.00

Final

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:
[ ] CO [ ] CCO [X] CA
Approved by: AHC
Date: 11-19-93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water			11-19	AHC
Sewer			11-19	AHC
Fixtures	Pumped			
Gas Equipment				
Gas Final	Filled		11-19	AHC
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.

S. Lorenzo
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	46
L	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [X] Check # 5112 Minimum Fee $ 47
Collected by: TOTAL $

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

BLOCK NO. 796 LOT NO. 8 PERMIT NO 93-1615

JERSEY CENTRAL
POWER and LIGHT COMPANY
Powerplus Savers Club

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

I. IDENTIFICATION

1. Proposed Work-site at: HIDDEN BROOK
2. Name of Owner in Fee: JOSEPH J KELLY Tel.(908) 449-3452
   Address: 1911 SHADOW BROOK DR Wall Township 07719
   street municipality zip co
3. Ownership in Fee: Public Private
4. Principal Contractor: Sager and Sons Electrical Cntr Tel.(908) 477-7302
   Address: PO Box 1723 Brick, NJ 08723
   License No. 9706 Exp. Date 3/31/94
   Federal Emp. No. 22-2582782 Social Security No.
5. Architect or Engineer Tel.( )
   Address
6. Responsible Person
   In Charge of Work Tel.( )

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area—Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New 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. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

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

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

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

F-100B Rev for JCP&L

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:

PRO 101 B

FOLD FOLD

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 DMC SERVICES, INC.

Address 150 BRICK BLVD.

BRICK, NJ 08723

Telephone (908) 920-3000

Signature Anne Marie Giuricco Date _____

PRO 101 B

FOLD

FOLD

F-100B

OFFICE DATE RECEIVED: _____

VII. PRIOR APPROVALS CHECKLIST (OFFICE USE ONLY)	LOCAL APPROVAL Prelimin. Intial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Intial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Intial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Intial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ NJ Department of Community Affairs	X	X	X	X	X	X	X	X	
☐ NJ Department of Transportation	X	X	X	X	X	X	X	X	
☐ NJ Department of Environmental Protect.	X	X	X	X	X	X	X	X	
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Name of Code & Edition

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
Other _____

X. CERTIFICATES ISSUED (office use only)

DATE ISSUED

- ☐ 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. _____

DATE EXPIRED

DATE REISSUED

DATE EXPIRED

Other

F-100B Rev for JCP&L

7796

B

B-1615

Wall Township
JERSEY CENTRAL POWER and LIGHT COMPANY
Powerplus Savers Club

CONSTRUCTION PERMIT

Date Issued 12-29-93

Control #

Permit # 93-1615

IDENTIFICATION Block 796 Lot 8

Work Site Location HIDDEN BROOK
WALL NJ 07719

Owner in fee JOSEPH J KELLY
Address 1911 SHADOW BROOK DR
WALL NJ 07719
Tele. (908) 449-3452

Contractor Sager and Sons Electrical Cntr
Address PO Box 1723
Brick, NJ 08723
Tele. (908) 477-7302
Lic. No. or Bldrs. Reg. No. 9706 Exp. Date 3/31/94
Federal Emp. No. 22-2582782
or Social Security No.

is hereby granted permission to perform the following work:
( ) BUILDING ( ) PLUMBING ( ) OTHER
(X) ELECTRICAL ( ) FIRE PROTECTION ( ) ELEVATOR DEVICES

DESCRIPTION OF WORK:

INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR JERSEY CENTRAL POWER and LIGHT COMPANY'S
Powerplus Savers Club

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 $ 110.00

CONSTRUCTION OFFICIAL

F-170C/REV forJCP&L 7/92

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	10.00
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	10.00
Check No.	7211
Cash	
Collected By:	

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.

Wall Township

JERSEY CENTRAL POWER and LIGHT COMPANY
Powerplus Savers Club

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 12-29-93
Date Issued
Control #
Permit # 93-1615

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

Block 296 Lot 8
Work Site Location HIDDEN BROOK
WALL NJ 07719
Owner in Fee JOSEFH J KELLY
Address 1911 SHADOW BROOK DR
WALL NJ 07719
Tele. (908) 449-3452
Contractor Sager and Sons Electrical Cntr
Address PO Box 1723
Brick, NJ 08723
Tele. (908) 477-7302
Lic. No. 9706
Federal Emp. No. 22-2582782 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 110.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12/23/93
Approved by: MS

[ ] 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.

[ ] Licensed Electrical Contractor
[ ] Exempt Applicant

Signature-Contractor Seal

F-120B/REV forJCP&L 7/92

D. TECHNICAL SITE DATA: INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR JERSEY CENTRAL POWER & LIGHT COMPANY'S ***Powerplus Savers Club***

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
0	___ Kw	Water Heater(s)	
	___ Kw	Central heat:	
		oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
1	___ 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	
	___ Amp	Service Entrance	

Paid [X] Check # 7211
Collected by: MS

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 10.00

1-White= Inspector 2-Canary= Office 3-Pink= Office 4-Gold= Applicant

Wall Township

JERSEY CENTRAL POWER and LIGHT COMPANY
Powerplus Savers Club

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 12-29-93
Date Issued
Control #
Permit # 93-1615

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Block 796 Lot 8
Work Site Location HIDDEN BROOK
WALL NJ 07719
Owner in Fee JOSEPH J KELLY
Address 1911 SHADOW BROOK DR
WALL NJ 07719
Tele. (908) 449-3452
Contractor Sager and Sons Electrical Cntr
Address PO Box 1723
Brick, NJ 08723
Tele. (908) 477-7302
Lic. No. 9706
Federal Emp. No. 22-2582782 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 110.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12/23/93
Approved by: MD

[X] CO [ ] CCO [ ] CA
Date: 1/4/94
Approved by: MD

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary			FINAL	
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.

[ ] Licensed Electrical Contractor
[ ] Exempt Applicant

Signature-Contractor Seal

F-120B/REV forJCP&L 7/92

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
0	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
1	___ 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	
	___ Amp	Service Entrance	

Paid [X] Check # 7211
Collected by: MD

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 10.00

1-White= Inspector 2-Canary= Office 3-Pink= Office 4-Gold= Applicant

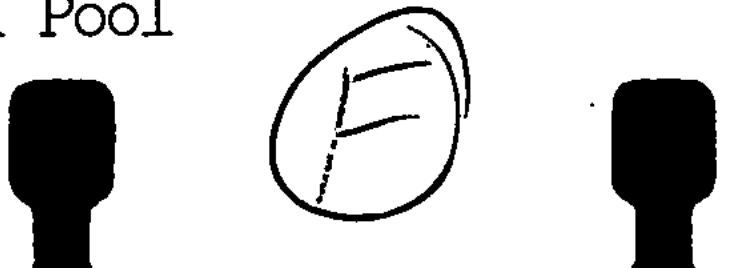
Name Cusick, J. **Date** 3-9-77

Street 1911 Shadowbrook Drive **P.No.** 6940

Block 796 **Lot** 8 **Zone**

Fee $5.00

Description In ground Pool



final 9-21-77

Name Cusick, J. **Date** 3-9-77

Street 1911 Shadowbrook Dr. **P. No.** 9787

B Lic 796 **Lot** 8 **Zone** R-60

Cost $5,500.00 **Fee** $40.00

Description Pool

C. O. Issued 7-18-77 **Tel.**

7-8-77 final Ch.

Name Cusick, J. **Date** 3-9-77

Street 1911 Shadowbrook Dr. **P. No.** 9788

B Lic 796 **Lot** 8 **Zone** R-60

Cost - **Fee** -

Description Fence (Pool)

C. O. Issued 7-18-77 **Tel:**

7-8-77 Final Eff.

Case No. 9787-9788 3-9 1977

BLOCK 796 LOT 8

SWIMMING POOL APPLICATION

Name J. Cusick Date 3-9-77

Address 1911 Shadowbrook Phone

Estimated Value $5,500 Fee #40.00 Permit No. 9787-9788

Plumbing 5.00 Permit No. 6940

Zone Classification R 60

Contractor Pleasure Pools Phone

Address Wall, N.J.

Fences Around All Pools

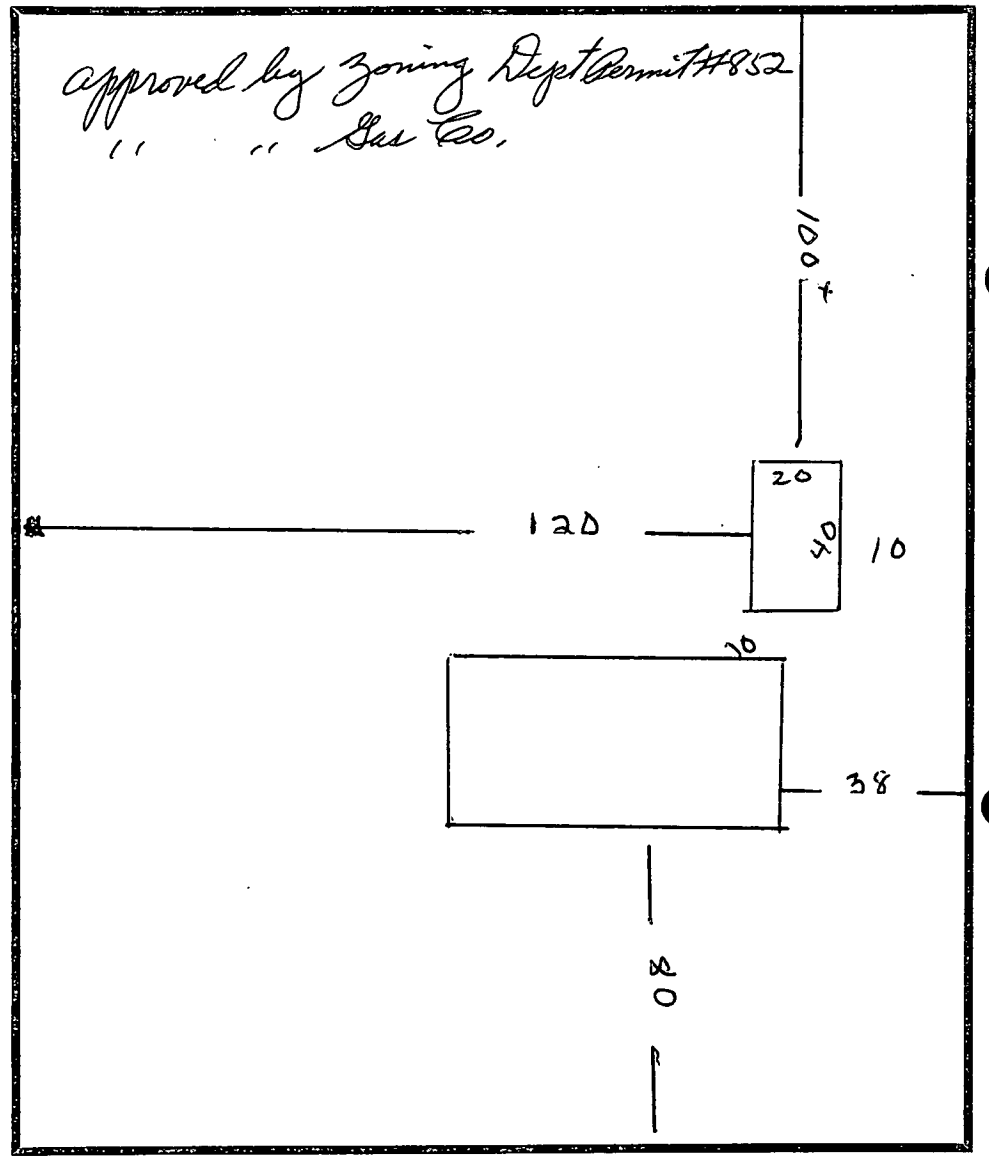
No Pools In Front Yard

Building Inspector Robert W Crowther Owner

Plumbing Inspector Robert W Crowther Agent

No pool shall be closer to side line than 6 ft. — 10 ft. from any foundation. 20 ft. from septic tank.

Plot Plan



EO-22

GARDEN STATE ELECTRICAL INSPECTIONS
DUPLICATE MUNICIPAL RECORD

No. on Meter Board .....

Owner R. Corik

Occupant Same

Location 1911 Shadowbrook Dr. Wall Twp NJ
No. Street Town or City State

has been inspected and is in accordance with the National Electrical Code or the Company's rules.

Installed by John Dodas

This card is issued solely for the purpose of confirming to local authorities that approval of service introduction has been issued to Lighting Company. Not to be used or accepted as a "cut in" card.

No. 291

Date 3/22/77

R Sinclair Inspector

Garden State Electrical Inspection Services, Inc., 614 Central Ave., East Orange, N. J. 07018

ROUGH WIRING OUTLETS	K.W. WATER HEATER
1 ~~OUTLETS~~ SW	H.P. AIR CONDITIONER "
RECEPTACLES	WIRING & CONTROLS FOR BURNER
MEDIUM BASE FIXTURES	H.P. PUMP
MOGUL BASE FIXTURES	K.W. OVEN
FLUORESCENT FIXTURES	H.P. GARBAGE DISPOSAL UNIT
MERCURY VAPOR FIXTURES	K.W. DISHWASHER
AMP. SERVICE EQUIPMENT	K.W. DRYER
AMP. SERVICE CONDUCTORS	AMP. RECEPTACLE
K.W. SURFACE UNIT	FRAC. H.P. VENT FANS
K.W. RANGE	

MOTORS H.P.		1/20	1/12	1/10	⅛	⅙	¼	⅓	½	¾	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100
MARK NUMBER OF EACH SIZE										1															

APPARATUS pool bonding.

APP. #

GARDEN STATE ELECTRICAL INSPECTION SERVICES, INC.

614 CENTRAL AVENUE EAST ORANGE, N. J. 07018
Phone: 201 – 674-8738 – 674-8739

Blk. 796 Lt. 8
Permit #3
P865

Desiring Certificate of Approval, application is made for inspection of electrical installation in the premises described below. On demand, applicant agrees to pay for inspection service in accord with schedule of charges. (See Reverse Side.)

PLEASE PRINT DATE March 21, 77

City or Town Wall Twp. County Monmouth State NJ

Address 1911 Shadow Brook Dr.

Pole Number Occupant

Owner R. Cusick Occupied As Pool

Owner's Mailing Address Same

Correct Location Hidden Brook Estate off Tilton Corp. Rd Building – New ☐ Old ☐

App. For – Rough Wiring ☐ Fixtures ☐ or

Work – New ☐ Additional ☐ READY FOR INSPECTION ON 19

Fee Remitted – $16.00 by Check ☐ Cash ☐ Money Order ☐ Make payable to G.S.E.I.S., INC.

LIST ALL EQUIPMENT AND WIRING

NUMBER OF ROUGH WIRING OUTLETS		NUMBER OF FIXTURES		SERVICES, ELEC. HEAT, AIR CONDITIONERS-BURNERS-DRYERS-HEATERS-RANGES, ETC.					
				NUMBER	TYPE OF DEVICE	H.P. OR K.W.	NUMBER	TYPE OF DEVICE	H.P. OR K.W
SWITCHES		MEDIUM BASE			Pool Filter Pump.				
LIGHTING		MOGUL BASE							
RECEPTACLES		FLUORESCENT			Pool Grd + Bonding				
ELEC. HEAT		SERVICE							

MOTORS H.P MARK NUMBER OF EACH SIZE	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100	125	150	200
								V																			

APPLICANT'S NAME John L. Dudas SIZE OF MAIN SUB-MAIN

APPLICANT'S ADDRESS 20 Evergreen Ave BRANCHES NO. OF CIRCUITS

CITY Neptune City STATE N. J. ZIP CODE: LICENSE # PERMIT #

AUTHORIZED SIGNATURE NAME OF UTILITY OFFICE TO BE NOTIFIED

SPACE BELOW FOR USE OF INSPECTORS ONLY

ROUGH WIRING OUTLETS	AMP SERVICE EQUIPMENT	H.P. PUMP
SWITCHES	AMP SERVICE CONDUCTORS	K.W. OVEN
RECEPTACLES	K.W. SURFACE UNIT	H.P. GARBAGE DISPOSAL UNIT
MEDIUM BASE FIXTURES	K.W. RANGE	K.W. DISHWASHER
MOGUL RASE FIXTURES	K.W. WATER HEATER	K.W. DRYER
FLUORESCENT FIXTURES	H.P. AIR CONDITIONER	AMP. RECEPTACLES
MERCURY VAPOR OR QUARTZ FIXTURES	WIRING & CONTROLS FOR BURNER	FRAC. H.P. VENT FANS

MOTORS H.P MARK NUMBER OF EACH SIZE	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100	125	150	200

APPARATUS

MISC. INFO.

DATE REC'D DATE INSPECTED

ISSUE CERTIFICATE: ☐ R.W. ☐ FINAL ☐ DUP.

ISSUE LETTER: ☐ APPROVAL ☐ SWIMMING POOL ☐ NURSING HOME

☐ PROGRESS ☐ DEFECTIVE

	NOTIFIED	RE-PORT	CARD
CONTRACTOR			
OWNER			
OCCUPANT			
AGENT			
ELECT. LT. CO.			

FEE PAID
Check No.
Money Order
Cash
Charge

TEMP. CARD # FINAL CARD # LIC NO.

DATE DATE

DISTRICT OFFICES:

INSPECTOR

WOODBRIDGE, N.J. 07095
530 AMBOY AVENUE
Phone: 201–634-3606

PATERSON, N.J. 07502
345 TOTOWA AVENUE
Phone: 201–345-6500

RED BANK, N.J. 07701
837 BROAD STREET
Phone: 201–741-6072

HACKENSACK, N.J.
21 E. KENNEDY STREET
P.O. BOX 1905
SO. HACKENSACK, N.J. 07606
Phone: 201–343-2404

GLASSBORO, N.J. 08028
30-32 NO. DELSEA DRIVE
Phone: 609–881-4200

DOVER, N.J. 07801
R.F.D. #1, RTE. 10
Phone: 201–361-6545

ASBURY PARK, N.J. 07712
703 BANGS AVENUE
Phone: 201–776-7200

FORM NO. 975

INSPECTOR

DATE INSPECTOR

PRESENT STATUS	NOTIFIED			* (NOTES)
	CONTR.	UTILITY	MUNI.	
1. ☐ R. W. REQUESTED				
2. ☐ FIXTURE APPROVAL				
3. ☐ ELEC. CERTIFICATE				
3. ☐ LETTER OF APPROVAL				
5. ☐ L.A. NURSING HOMES				
☐ PROGRESS				
7. ☐ N.C. 7. ☐ N.S.				
8. ☐ LKD. 7. ☐ N.U.L.				
☐ OK. TO COVER*				
☐ TEMP.				R
9. ☐ DEFECTIVE*				C

DATE INSPECTOR

PRESENT STATUS	NOTIFIED			* (NOTES)
	CONTR.	UTILITY	MUNI.	
1. ☐ R. W. REQUESTED				
2. ☐ FIXTURE APPROVAL				
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☐ PROGRESS				
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☐ OK. TO COVER*				
☐ TEMP.				R
9. ☐ DEFECTIVE*				C

DATE INSPECTOR

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	CONTR.	UTILITY	MUNI.	
1. ☐ R. W. REQUESTED				
2. ☐ FIXTURE APPROVAL				
3. ☐ ELEC. CERTIFICATE				
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☐ PROGRESS				
7. ☐ N.C. 7. ☐ N.S.				
8. ☐ LKD. 7. ☐ N.U.L.				
☐ OK. TO COVER*				
☐ TEMP.				R
9. ☐ DEFECTIVE*				C

DATE INSPECTOR

PRESENT STATUS	NOTIFIED			* (NOTES)
	CONTR.	UTILITY	MUNI.	
1. ☐ R. W. REQUESTED				
2. ☐ FIXTURE APPROVAL				
3. ☐ ELEC. CERTIFICATE				
3. ☐ LETTER OF APPROVAL				
5. ☐ L.A. NURSING HOMES				
☐ PROGRESS				
7. ☐ N.C. 7. ☐ N.S.				
8. ☐ LKD. 7. ☐ N.U.L.				
☐ OK. TO COVER*				
☐ TEMP.				R
9. ☐ DEFECTIVE*				C

DATE INSPECTOR

PRESENT STATUS	NOTIFIED			* (NOTES)
	CONTR.	UTILITY	MUNI.	
1. ☐ R. W. REQUESTED				
2. ☐ FIXTURE APPROVAL				
3. ☐ ELEC. CERTIFICATE				
3. ☐ LETTER OF APPROVAL				
5. ☐ L.A. NURSING HOMES				
☐ PROGRESS				
7. ☐ N.C. 7. ☐ N.S.				
8. ☐ LKD. 7. ☐ N.U.L.				
☐ OK. TO COVER*				
☐ TEMP.				R
9. ☐ DEFECTIVE*				C

DATE INSPECTOR

PRESENT STATUS	NOTIFIED			* (NOTES)
	CONTR.	UTILITY	MUNI.	
1. ☐ R. W. REQUESTED				
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3. ☐ ELEC. CERTIFICATE				
3. ☐ LETTER OF APPROVAL				
5. ☐ L.A. NURSING HOMES				
☐ PROGRESS				
7. ☐ N.C. 7. ☐ N.S.				
8. ☐ LKD. 7. ☐ N.U.L.				
☐ OK. TO COVER*				
☐ TEMP.				R
9. ☐ DEFECTIVE*				C

Office of Building Inspector — Township of Wall
BUILDING PERMIT

No 9787

Plate .....

Mar 9, 1977

Permission is hereby granted to J. Cusick

to Inf Ground Pool.

building on Block 796 Lot 8

Street 1911 Shadowbrook

in accordance with plans and specifications on file in my office, made by .....

Zone R60

Estimated Cost of Work $ 5,500

Fee for Permit - - - $ 40.00

This permit is issued subject to the provisions of the Building Code; all Township Ordinances and the rules and regulations of the Board of Health of the Township of Wall, New Jersey.

Robert W Crowther

Building Inspector

Office of Building Inspector — Township of Wall
BUILDING PERMIT

No 9788

Plate .....

Mar 9, 19 77

Permission is hereby granted to Cusick

to ~~Inground Pool~~ Fence (Ground Pool)

building on Block 796 Lot 8

Street 1911 Shadowbrook Rd.

in accordance with plans and specifications on file in my office, made by .....

Zone RGO

Estimated Cost of Work $ ~~[illegible]~~ No Fee

Fee for Permit - - - $ ~~[illegible]~~

This permit is issued subject to the provisions of the Building Code; all Township Ordinances and the rules and regulations of the Board of Health of the Township of Wall, New Jersey.

Robert W. Crowther

Building Inspector

CERTIFICATE OF OCCUPANCY

9787
Permit No.

I, Robert W. Crowther, Building Inspector of the Township of Wall, in the County of Monmouth, Pursuant to Section 30 of an ordinance of the Township of Wall entitled, "An Ordinance to Regulate, Control and Prescribe the Method and Manner of Building, Constructing, Altering and Repairing Houses and all other Buildings and Structures to be Erected in the Township of Wall, Appointing a Building Inspector and Prescribing his Duties and Powers," do hereby certify that the building

erected by J. Cusick

at 1911 Shadowbrook Dr.

Type of structure In Ground Pool

Block No. 796, Lot No. 8 and the proposed use thereof are in conformity with the provisions of the aforesaid ordinance in my determination.

Dated 7-18, 1977

5,500.
Estimated Cost

Robert W. Crowther
Building Inspector

CERTIFICATE OF OCCUPANCY

9788
Permit No.

I, Robert W Crowther, Building Inspector of the Township of Wall, in the County of Monmouth, Pursuant to Section 30 of an ordinance of the Township of Wall entitled, "An Ordinance to Regulate, Control and Prescribe the Method and Manner of Building, Constructing, Altering and Repairing Houses and all other Buildings and Structures to be Erected in the Township of Wall, Appointing a Building Inspector and Prescribing his Duties and Powers," do hereby certify that the building

erected by J. Cusick

at 1911 Shadowbrook Dr.

Type of structure Fence around Pool

Block No. 196, Lot No. 8 and the proposed use thereof are in conformity with the provisions of the aforesaid ordinance in my determination.

Dated 7-18, 19 77

Robert W Crowther
Building Inspector

Estimated Cost

Name Hidden Brook Est. **Date** 12-5-75

Street Shadow Brook Dr. **P. No.** 8860

B Lic 796 **Lot** 8 **Zone** R 60

Cost $70,000. 15 **Fee** $190.00

escription House

C. O. Issued 6-22-76 F **Tel:**

12-10-75 - footing R.H.

3-18-76 foundation R.H.

3-18-76 frame R.H.

6-22-76 Final B.C.

PLATE No. ..... BLOCK 796 LOT 8

Application For Building Permit

Wall Township, N. J., 12-5-75

THE UNDERSIGNED, in compliance with the Building Code and Zoning Ordinances of the Township of Wall, N. J., hereby makes application for a permit for the following described construction:

1. General Description House
2. Location Shadow Brook Dr.
3. Estimated Value $70,000 Fee $190.00 Permit # 8860
4. From Side Property Lines, ... Ft. From Rear Property Lines, ... Ft.
   From Side Property Lines, ... Ft. From Front Property Lines, ... Ft.
5. Zone Classification: R60
6. Contractor Owner Phone No. .....
7. Address .....
8. I, Hidden Brook Est., the owner of a structure located in Blk. 796, Lot 8, in the Township of Wall, hereby agree to pay the cost of the inspection of any plans or specifications or the progress of any work in connection therewith by the Municipal Engineer.
9. If construction is of such character that Plans and Specifications are not necessary give detail description below:

O.K. from Zoning Dept Permit # 576

#15

Plot plan, percolation test with application

Regardless of any variation in plans as submitted, we hereby agree to perform such construction, as described above in accordance with the Building Code and Zoning Ordinance of the Township of Wall, N. J.

/ Lionel Roth ..... Owner

..... Address

Robert W. Crowther ..... Agent

Building Inspector ..... Address

Office of Building Inspector — Township of Wall

BUILDING PERMIT

No. 8860

Plate .....

Dec 5, 19 75

Permission is hereby granted to Hidden Brook East,

to House

building on Block 796 Lot 8

Street Shadow Brook Dr.

in accordance with plans and specifications on file in my office, made by .....

Zone R60

Estimated Cost of Work $ 70,000

Fee for Permit - - - $ 190.00

This permit is issued subject to the provisions of the Building Code; all Township Ordinances and the rules and regulations of the Board of Health of the Township of Wall, New Jersey.

Robert W. Crowther

Building Inspector

CERTIFICATE OF OCCUPANCY

8860
Permit No.

I, Robert W. Crowther, Building Inspector of the Township of Wall, in the County of Monmouth, Pursuant to Section 30 of an ordinance of the Township of Wall entitled, "An Ordinance to Regulate, Control and Prescribe the Method and Manner of Building, Constructing, Altering and Repairing Houses and all other Buildings and Structures to be Erected in the Township of Wall, Appointing a Building Inspector and Prescribing his Duties and Powers," do hereby certify that the building

erected by Hidden Brook Est.

at Shadow Brook Dr.

Type of structure House

Block No. 196, Lot No. 8 and the proposed use thereof are in conformity with the provisions of the aforesaid ordinance in my determination.

Dated 6-22, 1976

$70,000
Estimated Cost

Robert W. Crowther
Building Inspector