TOWNSHIP OF BRICK

Model A

CONSTRUCTION PERMIT APPLICATION

RECEIVED OCT 4

I. IDENTIFICATION

1. Proposed Work at: 9 English Lane
2. Owner Name: Brandon Realty Corp Tel. (___) ___
   Address 1 Reins Rd - Suite 204 Brielle N.J.
3. Principal Contractor: Coastal Realty Const. Tel. (___) ___
   Address 1 Reins Rd - Suite 204 Brielle N.J.
   Lic. No. or Builder Reg. No. 04739 Federal Emp. No. ___
4. Architect or Engineer: ___ Tel. (___) ___
   Address ___
5. Responsible Person in Charge of Work Tony Napoleon Tel. (___) ___

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☒ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: ___

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ ___
2. ☐	Plumbing	___
3. ☐	Electrical	___
4. ☐	Fire Protection	___
5. ☐	Other ___	___
6. ☐	Other ___	___
	TOTAL COST	$ 30,000

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☑ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: ___
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units ___

If other than new construction, enter no. of dwelling units:
Before Construction: ___
After Construction: ___
Net Gain (or loss): ___

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other ___

State Specific Use: ___

If Change in Use Group, Indicate Former: ___

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☑	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other ___

C. TYPE OF SEWAGE DISPOSAL

10. ☑ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure 24' Ft.
16. Area–Largest Floor ___ Sq. Ft.
17. Bldg. Area–All Fls. 1046 Sq. Ft.
18. Volume of Structure 23,015 Cu. Ft.
19. Total Land Area Disturbed ___ Sq. Ft.

LDS BR 10412953

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 1108 LOT NO. 3 Bldg 35 Unit 8 SUBDIVISION Brant Town Manor PERMIT NO. 5858

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

Prot6

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning			9/10/86 10-4-86	DKH DE	
☐	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			9/10/86	MC	
☐	OTHER _____					

Engr ok
Sprinkler ok

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
✓	BUILDING		9-2-86 DJG	
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
✓	PLUMBING		11-20-86 DS	
✓	ELECTRICAL		11-19-86 BK	
✓	FIRE PROTECTION		11-13-86 DA	
_____	OTHER _____			

CC ✓
Howe ✓
Other ✓

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
✓ ☒ Certificate of Occupancy No. 5558	11-20-86
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 161.11
PLUMBING	105.–
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$ 266.11
– LESS: 20% of subtotal (when plan review performed by state agency)	(5.–)
D.C.A. TRAINING FEE .0006 x 23015	= 13.81
CERTIFICATE OF OCCUPANCY	39.92
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 324.84

DATE 9-6-86 Collected By CP

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	10-17-86	CWP	15.–
OTHER	FIRE		.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ 15.–

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 5858
DATE ISSUED 11-20-86
Block 1108 Lot 35C-8
Subdivision Twin Lakes

IDENTIFICATION

Owner Brenton Realty Corp.
Address 1 River Rd.
Brielle, NJ
Tel. ( )
Work Site Address 9 English Lane

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ 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.

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK:

condominium unit

USE GROUP R-2 FIRE GRADING 1½ hours

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE multifamily dwelling

FINAL COST OF CONSTRUCTION: $ 50,000.

Arthur J. Cirzo
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

APPLICATION FOR CERTIFICATE

PERMIT NO. 5858
DATE ISSUED
Block 1108.3 Lot 35C8
Subdivision
Notice No.

IDENTIFICATION

OWNER:

Name Brenton Realty Corp.
Address One River Road
Town/State/Zip Brielle, New Jersey 08730

CONSTRUCTION LOCATION:

Address Brick, N.J. 08724
Tel. (201) 223-6633

ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 50,000.00
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

N/A

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

☐ Owner
☐ Agent

U.C.C. Form F-270 (8/83)

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Granton Realty Corp
Address 1 Pine Rd - Suite 204
Biella NJ.
Tel. ( ) _____
Work Site Address 35-8
9 English Lane

Contractor Coastal Realty Const.
Address _____
Tel. ( ) _____
Lic. No. 04739
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

_____
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Model A

☒ See Plans

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other _____

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 2 1
Height of Structure 24 1 Ft.
Total Building Area–All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

D. COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Footing/Foundation				3-11-86 EJ
☑ Slab				
☑ Frame				4-16-86
☐ Architectural				
☒ Insulation				5-19-86
☑ Finishes				
☑ Energy				
☑ Mechanical				

TOWNSHIP OF BRICK

UNIFORM CONSTRUCTION CODE

SUBCODE
TECHNICAL SECTION

Block 1108 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Brenton Realty Corp.
Address 1 Rings End - Suite 204
Brielle N.J.
Tel. ( )

Work Site Address 35-8
9 English Lane

Contractor Coastal Realty Const.
Address
Tel. ( )
Lic. No. 04739
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____

Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic FEE
Supervision Type: ☐ Local ☒ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ 25. $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP A-2 Present R-2 Proposed
Heating Systems – Location: UTILITY ROOM

D. COMMENTS

JOB SUMMARY

☒ No Plans Required
☐ Plan Review Approved

Photo

Date: 9/10/85

Approved By: MC

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 11-13-86

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐				

TOWNSHIP OF BRICK

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Block 1108 Lot 3
Subdivision 35-8 A

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Brenton Realty Corp
Address One River Road
Brielle, N.J. 08730
Tel. (201) 233-6633
Work Site Address Burnt Tavern Manor
Northrop & Brandywyne

Contractor Heritage of Ocean Cty
Address ~~34~~ 364 Heritage Dr
Brick, N.J. 08723
Tel. (201) 477-3317
Lic.No./Bus. Permit 6226
Federal Emp. No. 22-2609889

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Robert Bloss
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10		Garbage Disposal	$
1	Bathtub	5	1	Air Conditioner Unit	15
3	Lavatory/Sink	15		Indirect Connection	
1	Shower/Floor Drain	5		Sewer Ejector	
1	Washing Machine	5		Grease Trap	
1	Dishwasher	5		Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15	1	Vent Stack	10
	Steam Boiler			Solar System	
1	Water Util. Connection		1	Other gas	15
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 65		COLUMN 2	$ 40

Fee	
COLUMN 1	$ 65
COLUMN 2	$ 40
SUBTOTAL	$ 105
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present res Proposed
Drainage – Material abs sch 40 Size 1½-3"
sdr 35 4

D. COMMENTS

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

4-30-86

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				3-6-86 DM
☒ Rough				8-18-86 DM
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				

Modern

TOWNSHIP OF BRICK

NEW JERSEY UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Block 1108 Lot 3
Subdivision Bldg 35-8

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Braxton Realty
Address 1 River Rd. - Suite 204
Brielle NJ
Tel. ( )
Work Site Address 35-8 9 English

Contractor PINELAND PLBG. & HTG., INC.
Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723
Tel. ( ) 201 477-0824
Lic.No./Bus. Permit
Federal Emp. No. 22-1853417

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

David Yeomans
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10		Garbage Disposal	$
1	Bathtub	5	1	Air Conditioner Unit	15
3	Lavatory/Sink	15		Indirect Connection	
1	Shower/Floor Drain	5		Sewer Ejector	
1	Washing Machine	5		Grease Trap	
1	Dishwasher	5		Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15	1	Vent Stack	10
	Steam Boiler			Solar System	
1	Water Util. Connection		1	Other GAS	15
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 65		COLUMN 2	$ 40

Fee	
COLUMN 1	$ 65
COLUMN 2	$ (40)
SUBTOTAL	$ 105
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 105

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3 Present R-3 Proposed
Drainage — Material Size
Building Sewer Material Size

D. COMMENTS

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Proto

Date: 10/4/85

Approved By: AC

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				

CUT-IN-CARD

MUNICIPALITY P.T.

LOCATION 9 Fredrick Lane. UTILITY CO P.P.

BLK 1104 LOT 3

OWNER Brinton Knitting Corp OCCUPANT 35-8

"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

SERVICE 100A RANGE _____ WATER HEATER _____

AIR COND 1 ELECT HEAT _____ MISC N/C

COMMENTS: _____

DATE 11-14-86 PERMIT # 14133 INSPECTOR _____

Elec. 104 P. 8.29.86 Insp. Lic# 74

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08723

CERTIFICATE OF COMPLIANCE

Date 10-29-86

NAME Coastal Realty

ADDRESS 1 River Rd, Brielle, NJ

PROPERTY LOCATION 9 English Lane

Account No. Q141925 Block 1108-3 Lot 35C-8

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority H. Martuscelli