BLOCK 1422.07 LOT 15 ADDRESS (SITE) 742 TALL OAKS PERMIT NO. 1206-91

RECEIVED

MAY 1 1991

CONSTRUCTION PERMIT APPLICATION

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

BUILDING

I. IDENTIFICATION

1. Proposed Work-site at: 742 TALL OAKS DR, BRICK
2. Name of Owner in Fee: MATT MAGUIRE [redacted]
   Address 121 LINDBERGH DR, BRICK NJ 08753 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: M & E ASSOCIATES Tel. (908) 929-1991
   Address 838 BROWN CT., TOMS RIVER NJ 08753
   License No. OR, if new home, Builder Reg. No. 020652 Exp. Date 12/31/92
   Federal Emp. No. 22-2671051 Social Security No. ____
5. Architect or Engineer JAMES W. HYRES Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work JAMES G. ELLIOTT Tel. (908) 929-1991

V. FEE SUMMARY (for office use only)

DECK 15-

		Update	Update
1. Building	$ 456.54		
2. Electrical			
3. Plumbing	140=		
4. Fire Protection	116=		
5. Other FIREPLACE	15=		
6. Subtotal	$ 742.55		
7. Less 20% for State Plan Review	74.26		
8. Subtotal	$		
9. DCA Training Fee	81.17		
10. Subtotal	$		
11. Cert. of Occupancy	111.38		
12. Other			
13. TOTAL	$ 1009.36		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories: TWO	TWO
2. Height of Structure: 28 ft.	28
3. Area—Largest Floor: ____ sq. ft.	
4. Building Area—All Floors: 3018 sq. ft.	
5. Volume of Structure: 50,728 cu. ft.	
6. Construction Classification: ____	
7. Total Land Area Disturbed: ____ sq. ft.	
8. Flood Hazard Zone: ____	
9. Base Flood Elevation: ____ ft.	
10. Wetlands yes ____ sq. ft. / no ____	
11. Fire Grading: ____	
12. Max. Live Load: ____	
13. Max. Occupancy Load: ____	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☑ New Building	157,000.
4. ☐ Addition	
5. ☐ Alteration	
6. ☑ Fire Protection	
7. ☑ Plumbing	12,000.
8. ☑ Electrical	6,000.
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	175,000.

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
3. New Building				5/2/91 RC		12/19/91		
6. Fire Protection		5/9/91		5/9/91		12/19/91		
7. Plumbing		5-9-91		5-3-91		12-19-91		
8. Electrical		5-9-91		5-14-91		12-19-91		
TOTAL COSTS	Eng Ng. 5-3-91			5/28/91			11/18/91	

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems In Open Wells
9. ☐ Underground Storage Tanks

U.C.C. Form F-100A

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: R-3
3. Change in Use Group, Indicate Former:

LDS BR 10317452

20K

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

(✓) Check if contractor.

Agent Name M & E ASSOCIATES

Address 838 BROWN COURT

TOMS RIVER NJ 08753

Telephone (908) 929-1991

Signature James G. Elliott Date 5/2/97

JAMES G. ELLIOTT

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board									
☐ 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.									
☑ Other Zoning	JK	7/2/91	house						
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☑ Temporary Certificate of Occupancy	No. 1206	1-3-92	4-24-92
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☑ Certificate of Occupancy	No. 1206	5-6-92	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CERTIFICATE

Date Issued 5-6-92
Control #
Permit # 1206-91

IDENTIFICATION

Block 1422.07 Lot 15
Work Site Location 742 Tall Oaks Dr.

Owner in Fee Matt Maguire
Address 121 Lindbergh Dr,
Brick, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 097459
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Single family dwelling

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

CERTIFICATE OF OCCUPANCY/APPROVAL

XX☑ **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:

Arthur J. Cienzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK

APPLICATION FOR CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block 472.07 Lot 15
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:

Name MATTHEW J MAGUIRE
Address 742 TALL OAKS DR
Town/State/Zip BRICK ~~TOWN~~ NJ 08753

CONSTRUCTION LOCATION:

Address 742 TALL OAKS DR

Tel. (___) _____

ACTION

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 184,000

(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.

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)

CONSTRUCTION PERMIT

Date Issued 7/2/91
Control #
Permit # 1206-91

IDENTIFICATION Block 1422.07 Lot 15

Work Site Location 142 Tall Oaks Dr

Owner in Fee M. McGuire

Address 121 Firefighters Dr Brick

Tele. ( )

Contractor M. E. Assoc.

Address

Tele. ( )

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

Federal Emp. No. or Social Security No.

1206*#
BLOCK 1422 #
LOT 15 #

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Dwelling (50728)

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 $ 175070

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	BUILDING	455.55
Plumbing	PLUMBING	140.00
Electrical	BLDG S/C	15.00
Fire Protection	FIRE	115.00
Other	ELECTRICAL	15.00
Other	PLBG SVC	74.26
DCA Training Fee		8[illegible].17
Cert. of Occ.		11[illegible].38
Other	TOTAL	100[illegible].36
Total	CHECK	100[illegible].36
Check No.	CHANGE	[illegible].00
Cash		
Collected By		

7/02/91 NO. 5 0019A065 [illegible]

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/2/91
Date Issued
Control #
Permit # 1206-91

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

Block 1422.07 Lot 15
Work Site Location 742 TALL OAKS DR BRICK
Owner in Fee M.J. MAGUIRE
Address 121 LINDBERGH DR TOMS RIVER NJ
Tele [redacted]
Contractor [illegible] ASSOCIATES
Address 838 BROWN CT TOMS RIVER NJ 08753
Tele. (908) 929-1991
Lic. No. or Bldrs. Reg. No. NJ HOW # 020652
Federal Emp. No. 22-2671051 or Social Security 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

PLEASE SEE PLANS
1 FAMILY DECKS + FIREPLACE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	5/21/91	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories TWO
Height of Structure ± 28' Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors 3018 Sq. Ft.
Volume of Structure 50,728 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 175,000.-
2. Alteration $
3. Total (1+2) $ 175,000.-

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)

FEE $

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

U.C.C. Form F-110A

1 White - Inspector Copy
2 Canary - Office Copy
3 Pink - Applicant Copy
4 Manila Tag - Office Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 0024439

w/c

Bruch

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

Block 1422.07 Lot 15
Work Site Location 742 TALL OAK DR BRICK
Owner in Fee EMA SQUIRE
Address 742 TALL OAK DR BRICK
Tele. ( )
Contractor GENESIS ELECTRIC
Address 1200 MIZZEN AVE BEACHWOOD NJ
Tele. ( ) 286 1586
Lic. No. 9841
Federal Emp. No. _____ or Social Security [redacted]

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 6000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 12-17-91
Approved by: [signature]

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			10-23-91	BH
Temporary			10-23-91	BH
Constr. Serv.				
TCO				
Other				
Service				
Final	12-13-91	12-17-91		BH

Temp. Cut-in-Card Date Issued 10-23-91 BH
Final Cut-in-Card Date Issued 12-17-91 BH
Line Dept. PP.

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
40		Receptacles (2)	
71		Switches (3)	
151		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
1		Dishwasher	3
1		Garbage Disposal	1
		Dryer	
1		A/C Unit (in unit)	
		Burglar Alarms	
		Intercoms, Panels	
2		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
1		Central heat: oil, gas or elec.	1
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
1		Motors—Fractional H.P.	1
0	RTH	Motors—All Others	
		Transformers	
		Generators	
1	200	Service Entrance	8
		Other	

'91 APR 22 AM 9 30

Administrative Surcharge $ _____
Paid [X] Check # 523 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 85.—

RPF

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

1) Check wiring for attic heat
2) Need Rec in attic
3) Protect switch in attic
4) Protect wire at top of pull down stairs
5) ground wire broken off of whirlpool
6) Need switch at whirlpool motor

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/2/91
Date Issued
Control #
Permit # 1206-91

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

Block 422.07 Lot 15
Work Site Location 742 TALL OAK DR BRICK
Owner in Fee M. J. MAGUIRE
Address 121 LINDBERGH DR BRICK
Tele. [redacted]
Contractor NITE ASSOCIATES
Address 838 BROWN CT TOMS RIVER NJ 08753
Tele. (908) 929. 1991
Lic. No.
Federal Emp. No. 22-2671054 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar HOT AIR
[ ] Other
Location: BSMT
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.
[ ] Fire Plans Approved
Date: 5/9/91
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 New Dwlg

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	2½	Fuel 22
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	N/A	
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	7	10—
Heat Detectors		
TOTAL	7	
Stand Pipes		
Kitchen Hood Exhaust Systems		25—
Furnace		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Fireplace		30—
Gas or Oil Fired Appliance		
OTHER Plan & Survey		51—
Administrative Surcharge	$	
Minimum Fee	$	16—
TOTAL FEE	$	

Paid [ ] Check #
Collected by

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/2/91
Date Issued
Control #
Permit # 1206-91

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

Block 1422.07 Lot 15
Work Site Location 742 TALL OAKS DR
BRICK
Owner in Fee MATHEW J. MAGUIRE
Address 121 LINDBERGH DR
BRICK NJ
Tele. [redacted]
Contractor CTJ CONTRACTORS
Address 695 SUSSEX CT.
TOMS RIVER, N.J.
Tele. (908) 929-2256
Lic. No. 7309
Federal Emp. No. 22 271 3584 or Social Security No.

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 5-3-91
Approved by: Jan

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: Jan
Date: 12-19-91

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			10-21-91	Jan
Water				
Sewer				
Fixtures				
Gas ~~Equipment~~			10-21-91	Jan
Gas Final				
Solar				
TCO				
CO	12-17-91			

C. CERTIFICATION IN LIEU OF OATH

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

Signature Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	20 —
	Urinal/Bidet	
2	Bath Tub	10 —
5	Lavatory	25 —
2	Shower	10 —
	Floor Drain	
1	Sink	5 —
1	Dishwasher	5 —
	Drinking Fountain	
1	Washing Machine	5 —
2	Hose Bibb	
1	Gas Piping	15 —
	Fuel Oil Piping	
1	Water Heater	5 —
	~~Steam Boiler~~ FURN	15 —
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	~~Water Cooled~~ A/C or Refrigeration Unit	15 —
1	Sewer Connection	
1	Water Service Connection	
1	Gas Service Connection	
	Active Solar System	
	Other	10 —

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 140 —

extras 1 - furn + air (thru 2-00) 45 Due
1 - garbage disposal

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

12-17-91

1st flr toilet not working

2nd flr bathtub water-hammer

need metal coat curb

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

540 Lacey Road ° Suite 1D
Forked River, NJ 08731 609.971.7002 NJ 08754

RECEIVED
DEC 23 1991
DIV. OF INSPECTION

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: ROBIN HILL ESTATES SCD NO.: 1606

BLOCK NO.(s) 142.07 LOT NO.(s) 15

Complete Compliance ☐ Temporary Compliance ☑

BLOCK NO.	LOT NO.	CONDITIONS
		APPLICANT RESPONSIBLE FOR ANY EROSION OVER SLOPES DUE TO ROOF DRAINS.

This **TEMPORARY** compliance expires on **APRIL 30, 1992**. The applicant is required to notify this office when work is properly completed. A $55.00 re-inspection fee will be billed to the applicant for each day required work is not properly completed. NO COMPLIANCES will be issued after APRIL 24, 1992, until **ALL** temporary compliances have met permanent stabilization requirements.

Total Fees Due: $ 55.00

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

Date: 12/18/91

Distribution: White-Township Canary-Applicant Pink-District

A4687

New Jersey Natural Resources Conservation Program

Please note our new address:
OCEAN SOIL CONSERVATION DISTRICT
714 Lacey Road
Forked River, NJ 08731
Telephone: 609-971-7002

...ATION DISTRICT

...oms River, NJ 08754

RECEIVED
MAY 4 1992
DIV. OF INSPECTION

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: Brick

PROJECT: Tall Oaks Sub 742 Tall Oaks SCD NO.: 1606

BLOCK NO.(s) 1422.07 LOT NO.(s) 15

Complete Compliance ☒ Temporary Compliance ☐

BLOCK NO.	LOT NO.	CONDITIONS
		APPLICANT RESPONSIBLE FOR COMPLETE GERMINATION OF ALL SEEDED AREAS

Total Fees Due: $ -0-

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act. (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT:

AUTHORIZED DISTRICT SIGNATURE: [signature]

Date: 9/28/92

Distribution: White-Township Canary-Applicant Pink-District

A4687

INSPECTOR: K Shafer

DATE: 4-30-92

JOB: Tall Oaks SEC # 1450 SECTION: Herbertsville

TYPE OF WORK: Final Eng (3rd)

WEATHER: Sunny

LOCATION: 742 Tall Oaks Dr

TEMPERATURE: 60° ±

BLOCK: 1422.07 LOT: 15

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	(No FABC)	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	ongoing @ Right side	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

O/C 7-0
5/1/92

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of

_____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT
BUREAU OF HOMEOWNER PROTECTION
NEW HOME WARRANTY PROGRAM
CN 805
Trenton, New Jersey 08625

CERTIFICATE OF PARTICIPATION

in New Home Warranty Security Fund

OWNER ☐ CHECK IF FOR COMMON ELEMENTS*

1 Matthew J. Maguire and Karen Maguire, his wife

NAME OF OWNER WHO WILL BE FIRST RESIDENT. (WHEN USED FOR COMMON ELEMENTS, ENTER NAME OF CONDOMINIUM DEVELOPMENT. SEE INSTRUCTIONS.)

NEW DWELLING LOCATION

3 742 Tall Oaks Drive
STREET NAME AND NUMBER

BUILDING UNIT NUMBER

Brick New Jersey 08724
CITY ZIP

1422.07 15
BLOCK NUMBER LOT NUMBER

Brick Township Ocean
MUNICIPALITY COUNTY

COMMENCEMENT DATE OF WARRANTY

4

	month	day	year
COMMENCEMENT DATE	12	20	91

(The date of closing or first occupancy, whichever occurs first.)

NOTE: Any change in the commencement date must be reported to the Bureau.

OWNER: ANY DISAGREEMENT WITH INFORMATION ON THIS CERTIFICATE MUST BE REPORTED TO THE NEW HOME WARRANTY PROGRAM WITHIN 45 DAYS FROM ITS RECEIPT.

☑ CHECK IF EXCLUSION SHEET IS INCLUDED

REGISTERED BUILDER-WARRANTOR

2 838 Brown ct inc
T/A M&E Associates
NAME

838 Brown Court
STREET AND NO.

Toms River N.J. 08753
CITY STATE ZIP

PHONE NUMBER (908) 929-1991

N.J. BLDR. REGISTRATION # ~~0000~~ 020652

Registered Builder's Signature

NOTE: WHERE TITLE IS TRANSFERRED, THE SELLER MUST BE THE REGISTERED BUILDER AND WARRANTOR.

PREMIUM PAYMENT

5

SELLING PRICE* $ _____
(NOT APPLICABLE IF THIS CERTIFICATE OF PARTICIPATION IS FOR CONDOMINIUM COMMON ELEMENTS)

Amount of Premium $ _____
.004 x Selling Price

*Any change in the selling price & premium must be reported to the Bureau along with supplemental payment if applicable.

☒ CHECK IF HOUSE CONSTRUCTED ON OWNER'S LOT. CALCULATE WARRANTY PREMIUM AS FOLLOWS:

TOTAL CONTRACT PRICE $184,800.00

Amount of Premium $ 924.00
(1.25 x Total Contract Price x .004)

CHECK TYPE OF HOME:

SINGLE FAMILY ☑ **TWO-FAMILY** ☐ **(single title)** **CONDOMINIUM** ☐ **TOWNHOUSE** ☐

*NOTE: A SEPERATE CERTIFICATE OF PARTICIPATION IS REQUIRED FOR EACH INDIVIDUAL BUILDING IN A CONDOMINIUM DEVELOPMENT. A PREMIUM PAYMENT IS NOT REQUIRED.

NOTE: See reverse side for assignment of property.

OWNER NOTE:
A HOMEOWNER BOOKLET MUST BE GIVEN WITH THIS CERTIFICATE BY YOUR BUILDER-WARRANTOR. IF NOT RECEIVED—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, Chapter 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years subject to the terms

VALIDATION STAMP
CERTIFICATE NUMBER
097459 DEC 20 91
WARRANTY NUMBER

PLEASE REMOVE ALL CARBON PAPER BEFORE RETURNING

MUNICIPAL COPY

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date Dec. 20, 1991.

NAME MR. MATTHEW MAGUIRE

ADDRESS 742 TALL OAKS DR.

PROPERTY LOCATION 742 TALL OAKS DR.

Account No. T966819 Block 1422-07 Lot 15

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

M & E Associates

BUILDERS • GENERAL CONTRACTORS • CONSTRUCTION MANAGERS
838 BROWN COURT TOMS RIVER, NEW JERSEY 08753
(908) 929-1991 FACSIMILE (908) 929-8909

Department of Community Affairs
Division of Housing and Development
Bureau of Homeowner Protection
New Home Warranty Program
CN 805
Trenton, N.J.08625

December 17, 1991

Re: Matthew J. Maguire
742 Tall Oaks Dr.
Brick, N.J. 08724

EXCLUSIONS

Appliances:

- Refrigerator/freezer
- Stove/oven
- Garbage Disposal
- Dishwasher
- Microwave with built-in hood
- Washing Machine
- Clothes dryer

Lighting Fixtures

Landscaping of any kind

12/18/91

CERTIFICATE NUMBER

097459 DEC 20 91

December 18, 1991

RECEIVED
DEC 18 1991
DIV. OF INSPECTION

742 Tall Oaks Drive
Brick, New Jersey 08724

To Whom It May Concern;

As per your request this letter absolves any inspectors for the Township of Brick any responsibility for personal property at 742 Tall Oaks Drive. It is the sole responsibility of the homeowners.

Sincerely,

Matthew J. Maguire, Jr.

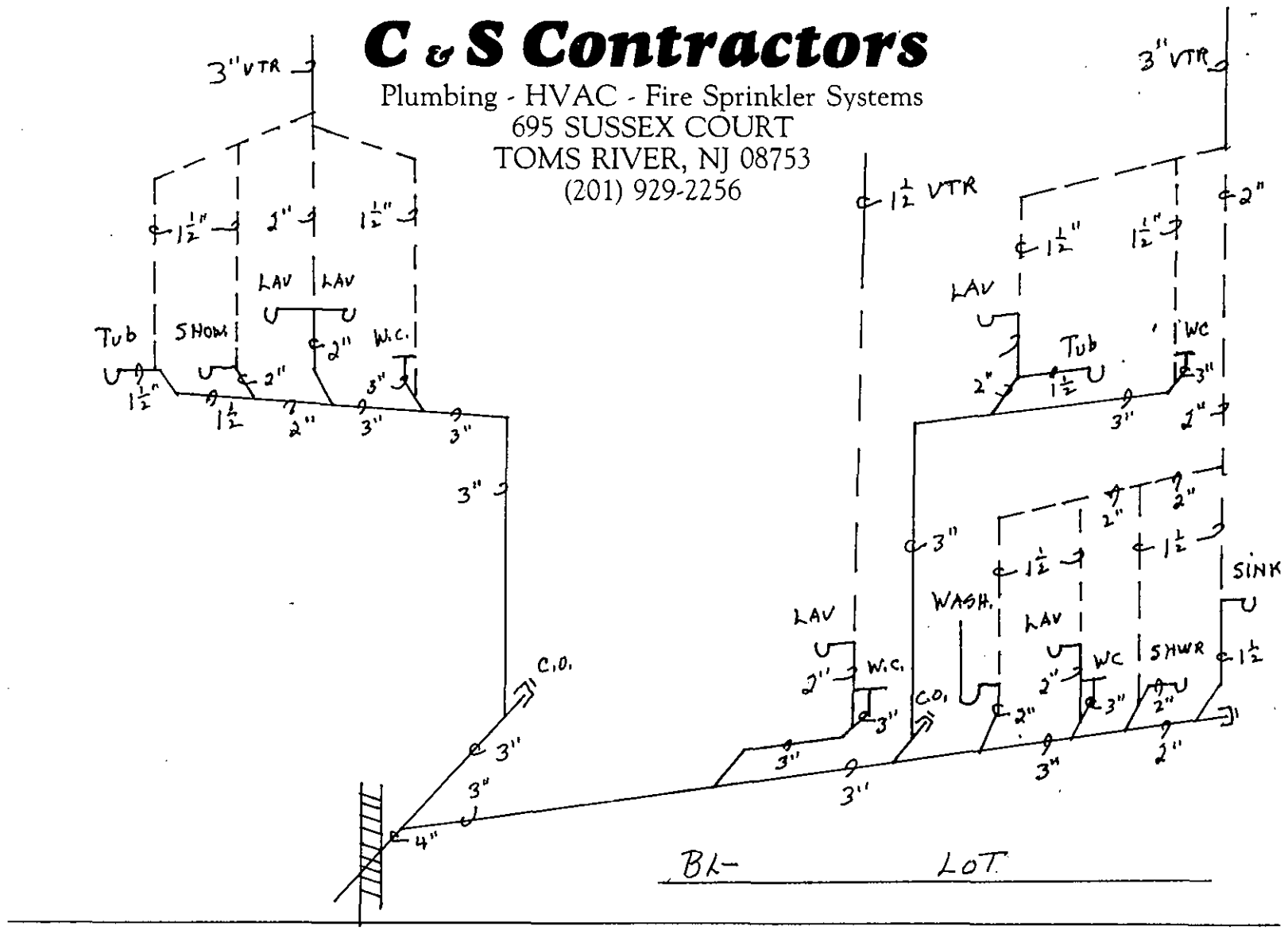
Matthew J. Maguire, Jr.
Homeowner 742 Tall Oaks Drive

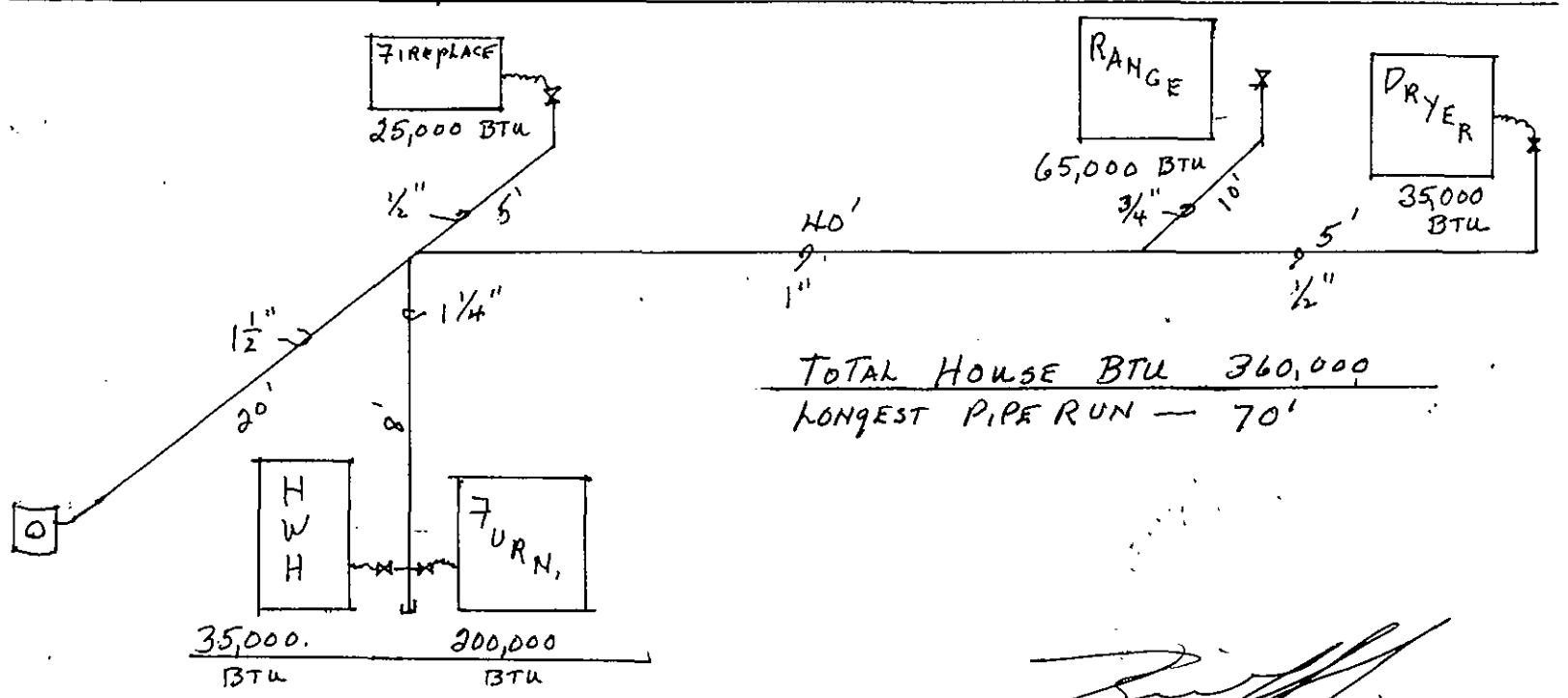
Karen L. Maguire

Karen L. Maguire
Homeowner 742 Tall Oaks Drive

C & S Contractors

Plumbing - HVAC - Fire Sprinkler Systems
695 SUSSEX COURT
TOMS RIVER, NJ 08753
(201) 929-2256





TOTAL HOUSE BTU 360,000
LONGEST PIPE RUN — 70'

MAY- 1-91 WED 8:28

MAGUIRE

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West
Brick, New Jersey 08724
(201) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME Jim Elliott TEL. NO. 929-8909 Fax

ADDRESS 838 Brown Ct., Toms RIver,NJ

PROPERTY IN QUESTION:

BLOCK 1422.07 LOT(S) 15 ADDRESS 742 Tall Oaks DRive

BTMUA ACCOUNT NUMBER T966819

SINGLE FAMILY RESIDENTIAL (IN EXISTING SUB-DIVISIONS ONLY)

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS REQUIRED.	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS:

WATER Tall Oaks Dr. (STREET)

SEWER Tall Oaks Dr. (STREET)

*General area has experienced low pressure problems the property may require an individual booster pump The applicant will be responsible for any costs associated with the pump installation.

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION IS NOT REQUIRED.	___	___
3. UTILITY SERVICE IS PLANNED FOR CONSTRUCTION DURING THE BUDGET YEAR ENDING MARCH 31, 19___. SERVICE MAY BE AVAILABLE SOME TIME THEREABOUT.	___	___

ALL OTHER DEVELOPMENT

EXISTING BRICK TOWNSHIP MUA LINES ARE AS SHOWN ON ATTACHED
~~TAX~~ UTILITY MAP DRAWING NO. 70C.

APPLICANT/DEVELOPER IS REQUIRED TO SUBMIT A FORMAL DEVELOPER APPLICATION TO THE AUTHORITY AS SET OUT IN BRICK TOWNSHIP ZONING ORDINANCE NO. 354-79 AS AMENDED, AND AS REQUIRED BY BRICK TOWNSHIP MUA RULES AND REGULATIONS (LATEST REVISION).

DATE: 4-30-91 SIGNED: D. Martinelli

NOTE: STATEMENT GOOD FOR 90 DAYS ONLY

TOWNSHIP OF BRICK

PLOT PLAN REVIEW CHECK LIST

BLOCK: 1422.07 LOT 15

ADDRESS 742 Tall Oaks Dr.

called 5-23-9

	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
A. PLOT PLAN REVIEW					
1. SURVEY - SIGNED & SEALED (P.L.S.)			/		
2. WIDTH & TYPE OF ROAD PAVEMENT	/	/			
3. EXISTING ELEVATIONS (NGVD IN FLOOD HAZARD ZONES)					
SIDE PROPERTY LINES @ DWELLING & PROPERTY CORNERS	/				
STREET GUTTER, TOP CURB & CENTER LINE ELEVATION	/	/			
CONTOURS (IF GREATER THAN 2' DIFFERENCE IN ELEVATION	/	/			
ADJACENT DWELLING CORNERS			/		
4. PROPOSED GRADING	/	/			
GARAGE, FIRST FLOOR, CRAWL SPACE & BASEMENT ELEVATION	/	/			
LOT GRADING	/	/			
METHOD OF DRAINING			/		
5. FLOOD ZONE (IF APPLICABLE) FLOOD OPENINGS SIZED & PLACED				/	
NGVD REF. IN FLOOD ZONE (BY P.L.S.)				/	
6. DRIVEWAY - WIDTH & TYPE	/	/			
7. PLOT PLAN SIGNED & SEALED (P.E., P.L.S. OR REG. ARCH)	/	/			

B. FIELD CHECK (INSP) PLOT PLAN — SIGNATURE [signature] DATED 5/9 — ACCEPTED ☐ REJECTED ☒

COMMENT

FIELD CHECK (INSP) DRIVEWAY — SIGNATURE _____ DATED _____ — ACCEPTED ☐ REJECTED ☐

COMMENTS

PLOT PLAN REVIEW

CHECK LIST

MAY 28 1991

TOWNSHIP OF BRICK

BLOCK: 422.07 LOT: 15 DATE RECEIVED:

ADDRESS: 742 Tall Oaks

APPLICANT: M & E Assoc. PHONE:

CONTRACTOR: PHONE:

ADDRESS: SUBDIVISION:

TYPE OF WORK: New Home ZONING APPROVAL:

REVIEW: FLOOD ZONE IDENTIFIED BY FIRM ELEV.

PANEL # MAP# DATED:

FEMA LETTER RECEIVED: YES NO

	SHOWN	ACCEPTED	DEFICIENT	N/A
1. Site Plan &/or Survey signed & sealed	✓	✓		
2. Draw to a scale of not less than 1"=100'	✓	✓		
3. Existing Elevations (NGVD in Flood Zones)	✓	✓		
4. Side Property Lines @ Dwelling & Prop.Corners	✓	✓		
5. Street Gutter,Top Curb & Center Line Elev.	✓	✓		
6. Contours:1'increments/If elev.fluctuates<2'	✓	✓		
7. Adjacent Dwelling Corners	✓	✓		
8. Proposed Grading	✓	✓		
9. Garage/1st floor/Crawlspace/Basement Elev.	✓	✓		
10. Lot Grading/Filling & Final Elevation	✓	✓		
11. Method of Draining	✓	✓		
12. Flood Openings Sized & placed				✓
13. Driveway Width/Type & Drainage			✓	
14. Dimensions/Acreage of Parcel in question	✓	✓		

	SHOWN	ACCEPTED	DEFICIENT	N/A
15. Location of Floodway Boundary/Hazard Area				
16. Fresh Water Wetlands				—
17. Parking Areas	—	—		
18. Facility & Connections: Water/Sewer/Gas/Elec.	—	—		
19. Plantings, Seedlings, Screeenings, Fences, Signs				—
20. Streets	—	—		
21. Curbing	—	—		
22. Description of alterations/Rel. of watercourse				—
23. Prior Appr: Army Corp./D.E.P./Wetlands Etc.				—
24. Dam Safety				—
25. Soil Conservation Service				—
26. Planning Board				—

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE	5/28/91	5/28/91	
REVISED			
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER KMD		5/29/91	
REVISED			
REVISED			
REVISED			