BLOCK 527 LOT 9 ADDRESS (SITE) 449 Jackson Avenue PERMIT NO. 1699-92

RECEIVED
JUL 31 1992
DIV. OF INSPECTION

✓ 1 plot
1 set plans

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 449 Jackson Avenue
2. Name of Owner in Fee: W & F Developers Inc. Tel. (908) 286-0303
   Address P.O. Box 1549, Bricktown, NJ
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Same Tel. (____) _____
   Address —
   License No. OR, If new home, Builder Reg. No. 07621 Exp. Date _____
   Federal Emp. No. 22-2523645 Social Security No. _____
5. Architect or Engineer Pieter Van Oostrik Tel. (908) 462-3920
   Address 83 Topanemus Lane, Freehold, NJ 07728
6. Responsible Person In Charge of Work Albert Sylvestre Tel. (908) 286-0303

CC ✓ OK Eng/NB CC ✓ Row

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 217 -		
2. Electrical			
3. Plumbing	90 -		
4. Fire Protection	145 -		
5. Other			
6. Subtotal	$ 452 -		
7. Less 20% for State Plan Review	45 -		
8. Subtotal	$		
9. DCA Training Fee	39 ✓		
10. Subtotal	$		
11. Cert. of Occupancy	68 -		
12. Other			
13. TOTAL	604. -		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	24' ft.	
3. Area—Largest Floor	1173 sq. ft.	
4. Building Area—All Floors	sq. ft.	
5. Volume of Structure	24,120 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	2000 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	40,000
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	3,000
7. ☐ Plumbing	3,000
8. ☐ Electrical	3,000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	60,000

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	WP	7/31/92		8/4/92	MF	7/27/93		JC
				8/4/92 JC		7-28-93		JC
				8-3-92		7-23-93		AM
		8-5-92		8-6-92		7-26-93		BK
	Due			8/5/92	MF			

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: R3
3. Change in Use Group, Indicate Former:

OK

LDS BR 10109295

U.C.C. Form F-100A

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 Albert Sylvestro

Address 148 Liberty Bell Rd
Toms River, NJ

Telephone (908) 286-0303

Signature A Sylvestro Date 7/27/92

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☑ Other Zoning	SE	7/31/92	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.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☑ Certificate of Occupancy	No. 1699	8-4-93	
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 8-4-93
Control #
Permit # 1699-92

IDENTIFICATION

Block 527 Lot 9
Work Site Location 449 Jackson Ave.

Owner in Fee W & F Developers, Inc.
Address 317 Brick Blvd.
Brick, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 828969
Use Group R-3 1 hour
Maximum Live Load 40+
Description of Work/Use:

Single family dwelling

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

CERTIFICATE OF OCCUPANCY/APPROVAL

XXX☒ **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. Craig
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

INSPECTOR: K Shafer

DATE: 7/16/93

JOB: /

SECTION: Cedarwood Park

TYPE OF WORK: Final Eng

WEATHER: Sunny

LOCATION: 449 Jackson Ave

TEMPERATURE: 80's

BLOCK: 527

LOT: 9

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading		✓
3. Sidewalk	N/A	
4. Road Pavement	✓	
5. Landscaping & Sodding		✓
6. Clean-up Procedures		✓
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

① Driveway Not inspected. Needs certification

(2,5,6) @ right rear corner grading incomplete, and not working as plan!

REJECTED 7/19/93 JLE

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.

INSPECTOR: K Shafer

DATE: 7-27-93

JOB: W+F

SECTION: Cedarwood Park

TYPE OF WORK: Final Eng (2nd)

WEATHER: P+ Cloudy

LOCATION: 449 Jackson Ave

TEMPERATURE: 90's

BLOCK: 527 LOT: 9

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

OE & P
7/28/93

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.

CONSTRUCTION PERMIT

Date Issued 8/11/92
Control #
Permit # 1699-92

DENTIFICATION Block 217 Lot 9

Work Site Location 449 Jackson Ave. Contractor Same

Owner in Fee City of Linden Address

Address Tele. ( )

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

Tele. ( ) Federal Emp. No.

or Social Security No. 1695

hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

ESCRIPTION OF WORK:

Single Family Dwelling

#1120

OTE: if construction does not commence within one (1) year of date of issuance, or if onstruction ceases for a period of six (6) months, this permit is void.

stimated Cost of Work $ 60,000

R J Cuozzo
CONSTRUCTION OFFICIAL

C.C. Form F-170A

PAYMENTS (Office Use Only)

BLOCK 217 #

Building 217 LOT

Plumbing 9

Electrical

Fire Protection 1/4 BUILDING PLUMBING

Other

Other FIRE SPRINKLER

DCA Training Fee

Cert. of Occ.

Other

Total

Check No. CHECK

Cash CHANGE

Collected By:

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/11/92
Date Issued
Control #
Permit # 1699-92

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

Block 527 Lot 9
Work Site Location 449 Jackson Ave
Brick NJ
Owner in Fee W & F Developers
Address Brick Blvd
Brick NJ
Tele. (908) 477-2300
Contractor Pinewood Plumbing & Htg Fuel
Address 807 Manitoloking Rd
Brick NJ
Tele. (908) 477-0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed 1 Fam Res
Building Sewer Size 4"
Water Service Size 3/4
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: 8/3/92
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: L. Mitchell
Date: 7/22/93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			10-30-92	Jeff
Rough			5-15-93	Jeff
Water				
Sewer				
Fixtures			7/22/93	KW
Gas Equipment			5-19-93	Jeff
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.

William R. Dugan
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

Garvey on Slab

D. TECHNICAL SITE DATA (List all fixtures.)

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

Paid [ ] Check # Collected by:

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/11/92
Date Issued
Control #
Permit # 1699-92

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

Block 527 Lot 9
Work Site Location 449 Jackson Avenue
Bricktown, NJ
Owner in Fee W & F Developers
Address P.O. Box 1549
Bricktown, NJ
Tele. (908) 286-0303
Contractor Same
Address —
—
Tele. (___) —
Lic. No. 07621
Federal Emp. No. 22-2523645 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
[ ] Other ___
Location: Utility Room Combustible air
Total Est. Cost of Fire Prot. Work $ 3,000 [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 8/4/92
Approved by: JE

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 7/28/93
Approved by: JE

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			7/28/93	JE
Mechanical	7/27/93 JE		7/28/93	JE
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.

(over)

Al Sylvest
SIGNATURE
W & F Developers

D. TECHNICAL SITE DATA

Description of Work Single family dwelling

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC DC Interconnected $6		46
Heat Detectors 1 Family Living Room $6		
TOTAL 1 Each Bedroom $6		
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	4	99
OTHER		
	Administrative Surcharge $	
Paid [ ] Check # ___	Minimum Fee $	145
Collected by ___	TOTAL FEE $	

U.C.C. Form F-140A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/11/92
Date Issued
Control #
Permit # 1699-92

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

Block 527 Lot 9
Work Site Location 449 Jackson Ave
Bricktown, NJ
Owner in Fee W & F Developers
Address P.O. Box 1549
Bricktown, NJ
Tele. (908) 286-0303
Contractor Same
Address —
—
Tele. ( ) —
Lic. No. or Bldrs. Reg. No. 07621
Federal Emp. No. 22-2523645 or Social Security No. —

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All	8-4-92	AP	Footing			10-13-92	
[ ] Footing			Foundation				
[ ] Foundation			Slab			11/5/92	
[ ] Frame			Frame			5/21/93	
[ ] Other			Insulation			6/4/93	
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[X] CO [ ] CCO [ ] CA			TCO				
Date: 7-27-93			Other				
Approved By: J. Chandler			Final				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories	2	
Height of Structure	~~24~~ 24 Ft.	
Area—Largest Floor	1173 Sq. Ft.	
Total Bldg. Area/All Floors	Sq. Ft.	
Volume of Structure	24,120 Cu. Ft.	
Total Land Area Disturbed	~~4500~~ 2000 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 40,000
2. Alteration $ —
3. Total (1+2) $ 40,000

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. A. Lafreta W & F Developers

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Harvey / Slab
3 Bedroom
1 Car Garage

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

(Office Use Only)
FEE
$ —

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # MAY 13 93 0 0 5 7 9 7
Permit #

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

Block 527 Lot 9
Work Site/Location 148 Rosewood & Jackson Ave Corner
Brick
Owner in Fee [illegible]
Address 317 Brick Blvd
Brick
Tele. ( ) 477-2300
Contractor Markise
Address 547 Parkwood Ave
Toms River
Tele. ( )
Lic. No. 6635
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 7-26-93
Approved By: B Kochurek

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			5.14.93	BK
Temporary			5.14.93	BK
Constr. Serv.				
TCO				
Other				
Service				
Final			7.26.93	BK

Temp. Cut-in-Card Date Issued 5.14.93 #0
Final Cut-in-Card Date Issued 7.26.93 #0
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—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
36		Receptacles (2)	
10		Switches (3)	
50		Total 1 + 2 + 3	44-
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
5		Intercoms Panels	
5		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
1	96 Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	100 Amp	Service Entrance	33-
	___	Other	

Administrative Surcharge $ _____
Paid [ ] Check # 500 Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ 77.-

U.C.C. Form F-1206 RPF
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/11/92
Date Issued
Control #
Permit # 1699-92

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

Block 527 Lot 9
Work Site Location 449 Jackson Ave
Brick NJ
Owner in Fee W + F Developers
Address Brick Blvd
Brick NJ
Tele. (908) 477-2300
Contractor Pinelands Plumbing + Htg Inc
Address 807 Manitoloking Rd
Brick NJ
Tele. (908) 477-0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed 1 Fam Res
Building Sewer Size 4"
Water Service Size 3/4
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: 8/3/92
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.

William R. Quigley
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

8/92

Garvey on Slab

D. TECHNICAL SITE DATA (List all fixtures.)

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

Paid [ ] Check # ____
Collected by: ____

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/11/92
Date Issued
Control #
Permit # 1699-92

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

Block 527 Lot 9
Work Site Location 449 Jackson Avenue
Bricktown Township, NJ
Owner in Fee W & F Developers
Address P.O. Box 1549
Bricktown, NJ
Tele. (908) 286-0303
Contractor Same
Address —
—
Tele. ( ) —
Lic. No. 07621
Federal Emp. No. 22-2523645 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
[ ] Other _____
Location: Utility Room Combustible air
Total Est. Cost of Fire Prot. Work $ 3,000 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 8/4/92
Approved by: JL
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.

Al Sylvest
SIGNATURE
W & F Developers

D. TECHNICAL SITE DATA

Description of Work: Single family dwelling

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

Flammable Liquid Storage Tanks — ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks — ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks 500 gal ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC DC		46
Heat Detectors Refrigerated $6		
TOTAL 1 Each Living Room, Bedroom $6		
Stand Pipes 1 Each Bathroom Basement $6		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	4	99
OTHER		

Administrative Surcharge $
Paid [ ] Check # _____ Minimum Fee $
Collected by _____ TOTAL FEE $ 145

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/11/92
Date Issued
Control #
Permit # 1699-92

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

Block 527 Lot 9
Work Site Location 449 Jackson Ave
Bricktown, NJ
Owner in Fee W & F Developers
Address P.O. Box 1549
Bricktown, NJ
Tele. (908) 286-0303
Contractor Same
Address —
—
Tele. ( ) —
Lic. No. or Bldrs. Reg. No. 07621
Federal Emp. No. 22-2523645 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	8-14-92	AC
[ ] 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 2
Height of Structure ~~24~~ 24 Ft.
Area—Largest Floor 1173 Sq. Ft.
Total Bldg. Area/All Floors 2,120 Sq. Ft.
Volume of Structure ~~4,600~~ 2000 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 40,000
2. Alteration $ _____
3. Total (1+2) $ 40,000

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. W. Lubrano W & F Developers

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Garvey/Slab
3 Bedroom
1 Car Garage

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

(Office Use Only)
FEE
$ _____

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

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

R 08 0570

Rough Plug & Roof Final Elec

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAY 13 93 0 0 5 7 9 7

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

Block 527 Lot 9
Work Site/Location Rosewood & Jackson Ave Lumber Bank
Owner in Fee [illegible]
Address 317 Brick Blvd Brick
Tele. ( ) 477-2300
Contractor Markese
Address 547 Rosewood Ave Toms River
Tele. ( )
Lic. No. 6635
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

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

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

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

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.

[illegible] Signature - Contractor

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

MARKESE ELECTRIC STATE OF NEW JERSEY LIC. NO. 6635

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
111		Fixtures (1)	
36		Receptacles (2)	
10		Switches (3)	
50		Total 1 + 2 + 3	44-
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
6		Intercoms Panels	
5		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
1	[illegible] Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	100 Amp	Service Entrance	33-
	___	Other	

	Administrative Surcharge	$ _____
Paid [ ] Check # 500	Minimum Fee	$ _____
	DCA Training Fee	$ _____
Collected by: _____	TOTAL FEE	$ 77.-

U.C.C. Form F-1208 R9F 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date Aug 4 1993

NAME W & F

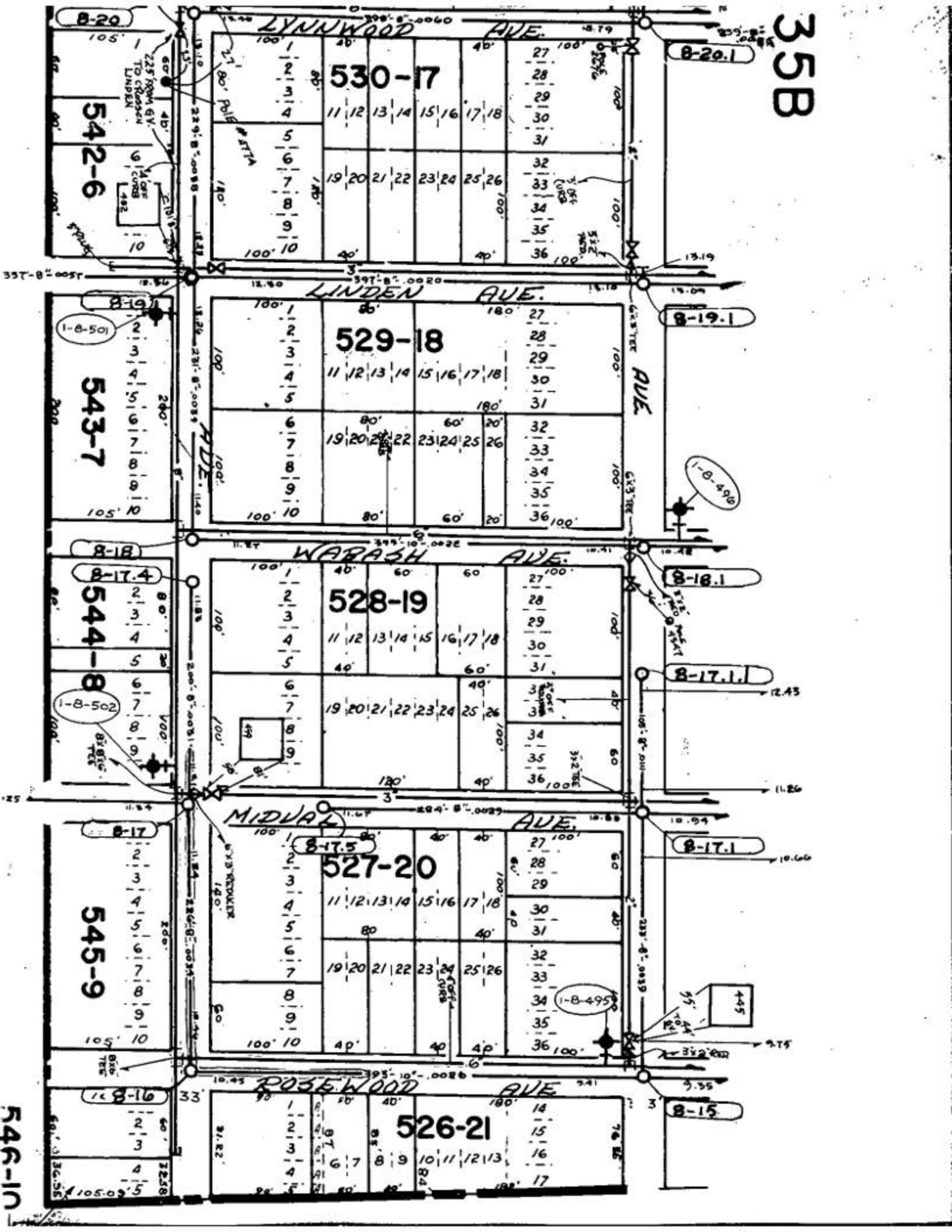
ADDRESS 317 Brick Blvd., Brick, NJ 08723

PROPERTY LOCATION 449 Jackson Avenue

Account No. I749601 Block 527 Lot 8-10

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 Marilyn Schoof


35B
LYNNWOOD AVE.
LINDEN AVE.
WABASH AVE.
MIDWAY AVE.
ROSEWOOD AVE.
530-17
529-18
528-19
527-20
526-21
542-6
543-7
544-8
545-9
546-10
8-20
8-20.1
8-19
8-19.1
8-18
8-18.1
8-17.4
8-17.1
8-17.5
8-17
8-16
8-15
1-8-501
1-8-502
1-8-496
1-8-495
225' FROM E.V. TO CROSSEN LINDEN
AVE.

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date _____

Property Address _____ Block _____ Lot _____

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	_____	( ) _____	( ) _____
2. Lavatory	_____	( ) _____	( ) _____
3. Bath Tub	_____	( ) _____	( ) _____
4. Shower Stall	_____	( ) _____	( ) _____
5. Kitchen Sink	_____	( ) _____	( ) _____
6. Service Sink	_____	( ) _____	( ) _____
7. Laundry Tray	_____	( ) _____	( ) _____
8. Dishwasher	_____	( ) _____	( ) _____
9. Washing Machine	_____	( ) _____	( ) _____
10. Urinal	_____	( ) _____	( ) _____
11. Floor Drain	_____	( ) _____	( ) _____
12. Drinking Fountain	_____	( ) _____	( ) _____
13. Air Conditioner (water cooled)	_____	( ) _____	( ) _____
14. Dental Unit	_____	( ) _____	( ) _____
15. Lawn Sprinkler No. of Heads	_____	( ) _____	( ) _____
16. Fire Sprinkler No. of Heads	_____	( ) _____	( ) _____
17. _____	_____	( ) _____	( ) _____
18. _____	_____	( ) _____	( ) _____
Total		_____	_____

Gallons per minute _____

Size of Service _____ _____

Date: _____ Approved: _____

Brick Township Plumbing Inspector

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West
Brick, New Jersey 08724
(201) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME W & F DEVELOPERS (AL SYVESRO) TEL. NO. _____

ADDRESS P.O. BOX 1549 BRICK, NJ 08723

PROPERTY IN QUESTION:

BLOCK 527 LOT(S) ~~X~~ 8 - ADDRESS 449 JACKSON

BTMUA ACCOUNT NUMBER _____

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 corner - still to verify which Street to be (STREET) serviced from Jackson or Rosewood Ave.

SEWER " " " (STREET)

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 MAP DRAWING NO. 35A.

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: 7.31-92 SIGNED: A. Mattaroa

NOTE: STATEMENT GOOD FOR 90 DAYS ONLY

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA.

2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.

3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

   APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

   A DEPOSIT OF $130 IS REQUIRED.

   LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 6 AND 8 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).

5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.

   INSPECTIONS WILL NOT BE MADE UNLESS THE PERMIT HAS BEEN OBTAINED.

6. WATER METER

   A METER AND A REMOTE READOUT WILL BE INSTALLED.

   IF YOU ARE BUILDING ON A SLAB BASE, PLEASE MAKE ARRANGEMENTS WITH YOUR BUILDER TO RUN A PAIR OF WIRES (18 GAUGE, 2 CONDUIT SOLID BELL WIRE) FROM THE INSIDE METER LOCATION TO WHERE THE OUTSIDE READOUT IS TO BE LOCATED, OR CALL THE BTMUA TO DO SO. THIS MUST BE DONE PRIOR TO INSTALLATION OF SHEET ROCK FOR INTERIOR WALLS.

   AFTER ALL INSPECTIONS HAVE BEEN COMPLETED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO SCHEDULE THE WATER METER INSTALLATION.

7. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ANY OPEN TAP FEES AND PERMIT FEES MUST BE PAID IN FULL.

8. INITIAL SERVICE CHARGES

   IF THE OWNER DESIRES, THE APPLICABLE INITIAL SERVICE CHARGES MAY BE PAID IN QUARTERLY INSTALLMENTS (PLUS INTEREST) ACCORDING TO AN ESTABLISHED PAYMENT PLAN. SEE OUR CUSTOMER ACCOUNT DIVISION FOR DETAILS.

SIZING FOR WATER AND SEWER SERVICES

Property Owner Ld. F Dev. Date 8/3/92

Property Address 449 JACKSON Block 527 Lot 9

Zoning _____ Use Group _____

Contractor PINELAND License No. Registration 1722

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	2	(3) 6	( )
2. Lavatory	2	(2) 2	( )
3. Bath Tub	1	(2) 2	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	1	(2) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	(1) 1	( )
9. Washing Machine	1	(3) 3	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )
Total		16	
Gallons per minute		118	
Size of Service		3/4"	

Date: _____ Approved: _____
Brick Township Plumbing Inspector

PLOT PLAN REVIEW

CHECK LIST

TOWNSHIP OF BRICK

BLOCK: 527 LOT: 9 DATE RECEIVED: _____

ADDRESS: 449 Jackson Ave

APPLICANT: _____ PHONE: _____

CONTRACTOR: LW & F Dev. PHONE: _____

ADDRESS: _____ SUBDIVISION: _____

TYPE OF WORK: Dwelling ZONING APPROVAL: _____

REVIEW: _____ FLOOD ZONE IDENTIFIED BY FIRM _____ ELEV. C

345285 0004C PANEL # 4 MAP# 7 DATED: 3/1/84

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
5. LOCATION OF FLOODWAY BOUNDARY/HAZARD AREA				✓
6. FRESH WATER WETLANDS				✓
7. PARKING AREAS				✓
8. FACILITY & CONNECTIONS: WATER/SEWER/GAS/ELEC.	✓			
9. PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS				✓
10. STREETS	✓			
11. CURBING	✓			
12. DESCRIPTION OF ALTERATIONS/REL. OF WATERCOURSE				✓
13. PRIOR APPR: ARMY CORP./D.E.P./WETLANDS, ETC.				✓
14. DAM SAFETY				✓
15. SOIL CONSERVATION SERVICE				✓
16. PLANNING BOARD				✓

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE	8/5/92	Hansa Patel	
REVISED			
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER			
REVISED			
REVISED			
REVISED			

July 22, 1992

Construction Department
Township of Brick

Re: B 527, lots 8, 9, 10

Gentlemen:

Please be advised that this letter will serve as authorization for re use of our plan by W & F Developers, Inc.

Type of house: GARVEY
Block and lots: 527-8, 9, 10

Very truly yours,

Pieter W. van Aartrijk, AIA, P.E.

PIETER W. VAN AARTRIJK, A.I.A., P.E.
ARCHITECT - ENGINEER - PLANNER

83 TOPANEMUS LANE

FREEHOLD, NEW JERSEY 07728
(908) 462-3920

RECEIVED AUG 02 1993

RESIDENTIAL WARRANTY CORPORATION

5300 DERRY STREET, HARRISBURG, PA 17111-3598
NATIONWIDE 1-800-247-1812

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: MOUNTAIN RIDGE DEVELOPMENT CORP

Purchaser(s) Name:

Legal Address of Home Enrolled:

Lot: 527 Block: Development: ODD LOT

Street Address: 449 JACKSON AVE

City: BRICK County: OCEAN State: NJ Zip: 08723

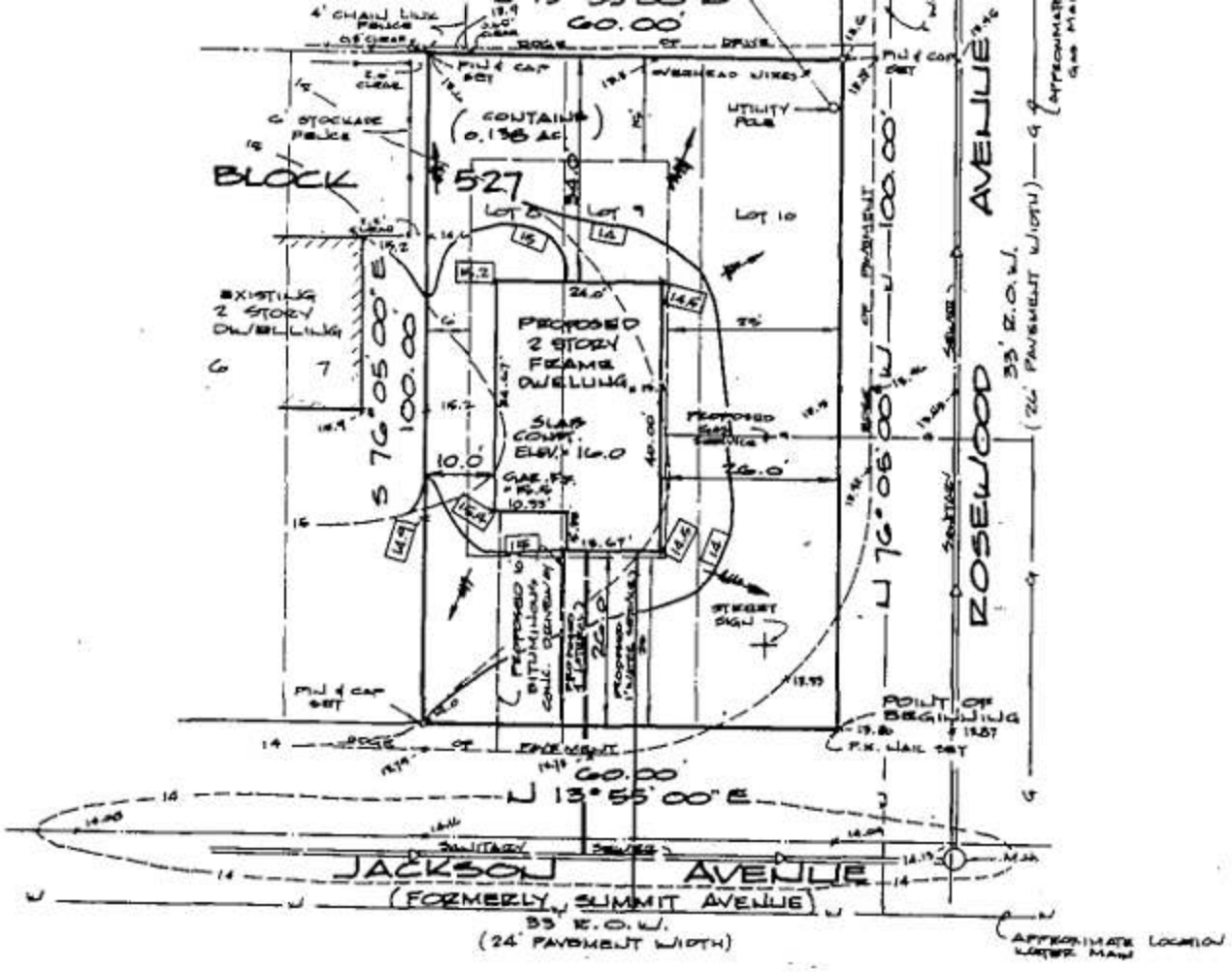
RWC Enrollment No: 828969

Date: JULY 28, 1993

RWC SEAL:
(Void unless sealed)

RWC Representative: Sandra L Smith

Form #604
Rev. 10/91



BEING KNOWN AS LOTS 8, 9 & 10, BLOCK 20 AS SHOWN ON A MAP ENTITLED "CEDARWOOD PARK SUBDIVISION C ALLWEX, OCEAN COUNTY NEW JERSEY"
FILED ON APRIL 7, 1942 AS MAP NO. B-315
ALSO BEING KNOWN AS LOTS 8, 9 & 10 BLOCK 527 AS SHOWN ON TAX MAP SHEET NUMBER 39.01 OF THE TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE 7/15/92

DRIVEWAY TO MEET
BRICK TOWNSHIP STANDARDS

THIS PLAN IS FOR THE PURPOSE OF OBTAINING A BUILDING PERMIT. BUILDING DIMENSIONS SHOWN HEREON ARE TO BE VERIFIED BY BUILDER PRIOR TO STARTING CONSTRUCTION.

THIS SURVEY SUBJECT TO ANY EASEMENT OF RECORD AND OTHER PERTINENT FACTS NOTED AS ACCURATE TITLE SEARCH MIGHT DISCLOSE ENVIRONMENTALLY SENSITIVE AREAS, IF ANY, ARE NOT LOCATED BY THIS SURVEY. NO ATTEMPT HAS BEEN MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS.

Only copies from the original of this survey marked with an original of the land surveyor's embossed seal shall be considered to be valid copies

Signature and embossed seal signify that this survey was prepared in accordance with the existing Code of Practice adopted by the N.J. State Board of Professional Engineers and Land Surveyors. Certifications indicated hereon shall run only to the person for whom the survey is prepared, and on his behalf to the title company, governmental agency and lending institution listed hereon. Certifications are not transferable to additional institutions or subsequent owners. Underground improvements or encroachments, if any are not shown hereon.

ALL ELEVATIONS ARE N.G.V.D. DATUM.
SITE LOCATED IN FLOOD ZONE "C"
PANEL NUMBER 340285 0004 C, REVISED MARCH 1, 1984

LEGEND:

- DIRECTION OF FLOW
- 14 EXISTING CONTOUR
- 15 PROPOSED CONTOUR
- x-13.7 EXISTING GROUND ELEVATION
- x-15.3 PROPOSED GROUND ELEVATION

PLOT PLAN

LOTS 8, 9 & 10, BLOCK 527

TOWNSHIP OF BRICK

OCEAN COUNTY NEW JERSEY

CHARLES E. LINDSTROM
PROFESSIONAL ENGINEER, N.J. LIC. NO. 24739
PROFESSIONAL PLANNER N.J. LIC. NO. 2333

JOHN F DIESSNER
PROFESSIONAL LAND SURVEYOR, N.J. LIC. NO. 21260
PROFESSIONAL PLANNER N.J. LIC. NO. 4542

LINDSTROM & DIESSNER ASSOCIATES, P.C.
ENGINEERS, SURVEYORS & PLANNERS
321 MANTOLOKING ROAD BRICK, N.J. 08723

DR. BY:	CH. BY.:	SCALE:	DATE:	DWG. NO.:
BJP		1" = 20'	7-10-1992	92116