



# CONSTRUCTION PERMIT APPLICATION

Bldg. #14

## I. IDENTIFICATION

1. Proposed Work at: 84 Creek Road  
 2. Owner Name: Archie Goldin, President Tel. (201) 458-8800  
 Address: 94 Sawmill Road, Brick, N. J. 08724  
 3. Principal Contractor: S. G. Development Corp. Tel. ( ) 458-8800  
 Address: 94 Sawmill Road, Brick, N. J. 08724  
 Lic. No. or Builder Reg. No. 06299 Federal Emp. No. 13-3090689  
 4. Architect or Engineer: Anderson, Ballis & Lindstrom Tel. ( ) 477-8900  
 Address: 321 Mantoloking Road, Brick, N. J.  
 5. Responsible Person in Charge of Work: Fawn Gross Tel. ( ) 458-8800

## 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. <input checked="" type="checkbox"/> Building/Structural | \$ <u>15,400</u> |
| 2. <input checked="" type="checkbox"/> Plumbing            | <u>1,600</u>     |
| 3. <input checked="" type="checkbox"/> Electrical          | <u>850</u>       |
| 4. <input type="checkbox"/> Fire Protection                |                  |
| 5. <input type="checkbox"/> Other                          |                  |
| 6. <input type="checkbox"/> Other                          |                  |
| <b>TOTAL COST</b>                                          | \$ <u>20,850</u> |

### 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: 16

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, Infirmarys (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. <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gas                      |
| 4. <input type="checkbox"/>            | <input type="checkbox"/> | Oil                      |
| 5. <input type="checkbox"/>            | <input type="checkbox"/> | Electric                 |
| 6. <input type="checkbox"/>            | <input type="checkbox"/> | Solid (Wood, Coal, Etc.) |
| 7. <input type="checkbox"/>            | <input type="checkbox"/> | Propane                  |
| 8. <input type="checkbox"/>            | <input type="checkbox"/> | Solar                    |
| 9. <input type="checkbox"/>            | <input type="checkbox"/> | 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 Two  
 15. Height of Structure \_\_\_\_\_ Ft.  
 16. Area—Largest Floor \_\_\_\_\_ Sq. Ft.  
 17. Bldg. Area—All Fls. 1360 Sq. Ft.  
 18. Volume of Structure \_\_\_\_\_ Cu. Ft.  
 19. Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

# 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 \_\_\_\_\_

S.G. DEVELOPMENT CORP.

TEL. ( 458-8800 )

ADDRESS \_\_\_\_\_

94 SAWMILL ROAD  
BRICK, N.J. 08723

SIGNATURE \_\_\_\_\_



## 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 |
| <input type="checkbox"/> Planning Board                         |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> Zoning Board                           |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input checked="" type="checkbox"/> Sewer Authority             | KD               | D              |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input checked="" type="checkbox"/> Water Authority             | KD               | D              |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> Fire Department                        |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> Police Department                      |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> Health Department                      |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> Soil Conservation                      |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> N.J. Dept. of Community Affairs        |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> N.J. Dept. of Transportation           |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> N.J. Dept. of Environmental Protection |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> Other: _____                           |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> _____                                  |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> _____                                  |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> _____                                  |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> _____                                  |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> _____                                  |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |
| <input type="checkbox"/> _____                                  |                  |                |                  |                |                  |                |                  |                |          |       |      |       |      |

### SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

| EDITION OF CODE                                       |                  | EDITION OF CODE                                |                  |                                                           |       |
|-------------------------------------------------------|------------------|------------------------------------------------|------------------|-----------------------------------------------------------|-------|
| <input type="checkbox"/> One and Two Family Dwellings | _____            | <input checked="" type="checkbox"/> Mechanical | <u>BOCA 1984</u> | <input type="checkbox"/> Flood Hazard                     | _____ |
| <input type="checkbox"/> Building                     | _____            | <input checked="" type="checkbox"/> Energy     | <u>BOCA</u>      | <input type="checkbox"/> As Built Elevation Certification | _____ |
| <input type="checkbox"/> Electrical                   | _____            | <input type="checkbox"/> Barrier Free          | _____            | <input type="checkbox"/> Other                            | _____ |
| <input checked="" type="checkbox"/> Plumbing          | <u>NSPC 1983</u> | <input type="checkbox"/> Other                 | _____            |                                                           |       |

## I. PLAN REVIEW STATUS

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

- ☐ PARTIAL RELEASES  
☐ PROTOTYPE PLAN - FILE LOCATION AND NO.

| Plan Review Required                | Type of Work                                                                | Plans Received By Date | Approval Date | Reviewer | Comments |
|-------------------------------------|-----------------------------------------------------------------------------|------------------------|---------------|----------|----------|
| <input type="checkbox"/>            | BUILDING<br>Footings/Foundations<br>Framing<br>Architectural<br>Other _____ |                        | 4-17-84       | 78       |          |
| <input checked="" type="checkbox"/> | PLUMBING<br>ELECTRICAL<br>FIRE PROTECTION<br>OTHER _____                    | 4.11.84 DM             | 4.11.84 DM    |          |          |

## II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

| Issue Date | Category             | Revisions   | Final Inspection | Comments |
|------------|----------------------|-------------|------------------|----------|
|            | ALL CONSTRUCTION     |             |                  |          |
|            | BUILDING             |             |                  |          |
|            | Footings/Foundations |             |                  |          |
|            | Framing              | 4-3-89 R.D. |                  |          |
|            | Architectural        |             |                  |          |
|            | Other                |             |                  |          |
| ✓          | PLUMBING             |             | 1-5-89 DM        |          |
| ✓          | ELECTRICAL           |             | 12-22-88 BK      |          |
| ✓          | FIRE PROTECTION      |             | 1-3-89           |          |
|            | OTHER                |             |                  |          |

### III. CERTIFICATES ISSUED

**CERTIFICATES TO BE ISSUED:**

|                                     |                                    |                   |
|-------------------------------------|------------------------------------|-------------------|
| <input type="checkbox"/>            | Temporary Certificate of Occupancy | Date Issued _____ |
| <input type="checkbox"/>            | Date Expired _____                 |                   |
| <input type="checkbox"/>            | Temporary Certificate of Occupancy |                   |
| <input type="checkbox"/>            | Date Expired _____                 |                   |
| <input checked="" type="checkbox"/> | Certificate of Occupancy           | 1-11-89           |
| <input type="checkbox"/>            | No. _____                          |                   |
| <input type="checkbox"/>            | Certificate of Continued Occupancy |                   |
| <input type="checkbox"/>            | No. _____                          |                   |
| <input type="checkbox"/>            | Certificate of Approval            |                   |
| <input type="checkbox"/>            | No. _____                          |                   |
| <input type="checkbox"/>            | None                               |                   |

#### IV. ON-GOING INSPECTIONS

[illegible]

## V. FEE SUMMARY

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

| A. COLLECTED AT TIME OF CONSTRUCTION PERMIT<br>ISSUANCE               |                           | AMOUNT    |
|-----------------------------------------------------------------------|---------------------------|-----------|
| BUILDING                                                              |                           | \$ 54.08  |
| PLUMBING                                                              |                           | 100.00    |
| ELECTRICAL                                                            |                           |           |
| FIRE PROTECTION                                                       |                           |           |
| OTHER                                                                 |                           |           |
| SUBTOTAL                                                              |                           | \$ 154.08 |
| - LESS: 20% of subtotal (when plan review performed by state agency). |                           |           |
| D.C.A. TRAINING FEE .0006 x 13440                                     |                           | ( 19.41 ) |
| CERTIFICATE OF OCCUPANCY                                              |                           | 8.06      |
| OTHER                                                                 |                           | 29.11     |
| OTHER                                                                 |                           |           |
| TOTAL COLLECTED WHEN PERMIT ISSUED                                    |                           | \$ 250.66 |
| DATE 3-1-84                                                           | Collected By: [Signature] |           |
| B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE                       |                           | AMOUNT    |
| CERTIFICATE OF OCCUPANCY                                              | Date                      |           |
| OTHER                                                                 |                           |           |
| OTHER                                                                 |                           |           |
| - LESS: Refunds                                                       |                           | ( )       |
| TOTAL COLLECTED AFTER PERMIT ISSUED                                   |                           | \$        |
| C. TOTAL CONSTRUCTION FEES COLLECTED                                  |                           | AMOUNT    |
| COLLECTED WITH PERMIT (VA)                                            |                           | \$        |
| COLLECTED AFTER PERMIT (VB)                                           |                           |           |
| TOTAL                                                                 |                           | \$        |

Engr. NG  
OK 11-7-86

c/c ✓  
how ✓  
let.



# Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of  
Division of Inspections

## APPLICATION FOR A CERTIFICATE OF OCCUPANCY

PERMIT NUMBER 552

DATE ISSUED

5/1/84

BLOCK 1386.10 LOT 14CD84

SUB-DIVISION

Fullbrook Manor

NOTICE NUMBER \_\_\_\_\_

BUILDER OR OWNER NAME

S.G. Development Corp

ADDRESS

1200 Sawmill Rd, Brick

TOWN, STATE, ZIP

Brick, N.J. 08724 Telephone # 201-446-3647

CONSTRUCTION LOCATION

84 Creech Rd

USE GROUP \_\_\_\_\_

FINAL COST OF CONSTRUCTION

\$20,000.00

Did you make any changes to structure or plans filed with the Construction Permit?  
Use space below to describe any deviations from approved plans:

SIGNATURE:

OWNER:

AGENT:

BUILDER:

## A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner Archie Goldin  
Address 94 Sawmill Road  
Brick, N. J.  
Tel. (     ) 458-8800  
Work Site Address 84 Creek Road

Contractor S.G. Development Corp.  
Address 94 Sawmill Road  
Brick, N. J.  
Tel. (     ) 458-8800  
Lic. No. 06299  
Federal Emp. No. 13-3090689

### 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.

condominium units

### TYPE OF WORK:

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

### Fee Basis

Fee

\$ 94.08

### SUBTOTAL

\$

Minimum Building Fee (if applicable)

\$

Total Building Fee (Greater of Minimum or Subtotal)

\$

☐ See Plans

## C. BUILDING CHARACTERISTICS

USE GROUP: \_\_\_\_\_ Present \_\_\_\_\_ Proposed

No. of Stories two

Total Building Area—All Floors 1360 Sq. Ft.

Height of Structure \_\_\_\_\_ Ft.

Volume of Structure \_\_\_\_\_ Cu. Ft.

## D. COMMENTS



Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

## JOB SUMMARY

### PLAN REVIEW

Date Initials

- ☐ No Plans Required
- ☐ All 4-17-84 70
- ☐ Footing/Foundation
- ☐ Frame
- ☐ Architectural
- ☐ Other

### INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

### INSPECTIONS

Type

Failure Dates

Approval Date

- ☐ Footing/Foundation
- ☐ Slab
- ☐ Frame
- ☐ Architectural
- ☐ Insulation
- ☐ Finishes
- ☐ Energy
- ☐ Mechanical

## A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner Archie Goldin  
Address 94 Sawmill Road  
Brick, N. J.  
Tel. ( ) 458-8800  
Work Site Address 84 Creek Road

Contractor S.G. Development Corp.  
Address 94 Sawmill Road  
Brick, N. J.  
Tel. ( ) 458-8800  
Lic. No. 06299  
Federal Emp. No. 13-3090689

## 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<sub>2</sub>  
☐ 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: \$ 50.00

### 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 \_\_\_\_\_ Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Heating Systems — Location: \_\_\_\_\_

## D. COMMENTS



12-29-88 Insp. found no Gas meter Hooked up  
to furnace. JE

1-3-89 Above Violation Corrected JE

## JOB SUMMARY

- ☐ No Plans Required  
☐ Plan Review Approved

Date: 4-4-84

Approved By: CL

### INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 1-3-89

### INSPECTIONS

| Type                                              | Failure Date |  |  | Approval Date |
|---------------------------------------------------|--------------|--|--|---------------|
| <input type="checkbox"/> Fire Suppression Test    |              |  |  |               |
| <input type="checkbox"/> Fire Alarm Test          |              |  |  |               |
| <input checked="" type="checkbox"/> Smoke Test    |              |  |  | 12-29-88      |
| <input type="checkbox"/> TCO                      |              |  |  |               |
| <input checked="" type="checkbox"/> Other Furnace | 12-29-88     |  |  | 1-3-89        |
| <input checked="" type="checkbox"/> Other Fuel    | 12-29-88     |  |  | 1-3-89        |
| <input type="checkbox"/> Other                    |              |  |  |               |



## JOB SUMMARY

- ☒ No Plans Required  
☐ Plan Review Approved

Date: 4.16.84

Approved By: D. Metcalf

### INSPECTIONS FINAL

- ☒ CO    ☐ CCO    ☐ CA

Date: 1/5/89

## INSPECTIONS

| Type                                           | Failure Dates |  |             | Approval Date      |
|------------------------------------------------|---------------|--|-------------|--------------------|
| <input checked="" type="checkbox"/> Slab       |               |  |             | <u>4.24-84 SM</u>  |
| <input checked="" type="checkbox"/> Rough      |               |  |             | <u>11-7-84 ERM</u> |
| <input type="checkbox"/> Water                 |               |  |             |                    |
| <input type="checkbox"/> Sewer                 |               |  |             |                    |
| <input type="checkbox"/> Energy                |               |  |             |                    |
| <input checked="" type="checkbox"/> Mechanical |               |  | <u>Base</u> | <u>11-7-84 JAL</u> |
| <input type="checkbox"/> T&E                   |               |  |             |                    |



DEPARTMENT OF COMMUNITY AFFAIRS  
DIVISION OF HOUSING  
BUREAU OF CONSTRUCTION CODE ENFORCEMENT  
NEW HOME WARRANTY PROGRAM  
CN 805

Trenton, New Jersey 08625

# CERTIFICATE OF PARTICIPATION

in New Home Warranty Security Fund

1 PURCHASER

NAME Alfred and Marleene Shan S. G. Development  
STREET AND NO. 431 Morris Blvd.  
CITY Toms River, New Jersey STATE 08753 ZIP

3 NEW DWELLING UNIT LOCATION

STREET NAME AND NUMBER 84 Creek Rd Unit #84, Bldg. #14, Court 7  
CITY Brick STATE New Jersey ZIP 08724  
BLOCK NUMBER 1286-10 LOT NUMBER 140884  
MUNICIPALITY Brick COUNTY Ocean

4 COMMENCEMENT DATE OF WARRANTY

COMMENCEMENT DATE month 12 day 28 year 88  
(The date of closing or first occupancy, whichever occurs first.)  
NOTE: Any change in the commencement date must be reported to the Bureau.

2 BUILDER

NAME S. G. Development Corporation  
STREET AND NO. 1200 Sawmill Rd.  
CITY Brick, New Jersey STATE 08724 ZIP   
PHONE NUMBER: (201) 458-8800  
SELLING PRICE\* \$60,940.00  
Amount of Premium \$243.76  
(.4 x 1% x Selling Price)  
N.J. BLDG. REGISTRATION # 06299  
Registered Builder's Signature [Signature]  
\*Any change in the selling price & premium must be reported to the Bureau along with supplemental payment if applicable.

5 MORTGAGEE INFORMATION

CITICORP MORTGAGE, INC.  
NAME OF MORTGAGEE CITICORP MORTGAGE, INC.  
STREET AND NUMBER 50 Ice Blvd.  
CITY Woodcliff Lake, N.J. STATE 07675 ZIP

CHECK TYPE OF HOME:

SINGLE FAMILY ☐

TWO-FAMILY ☐

CONDOMINIUM ☒

TOWNHOUSE ☐

PURCHASER: If you disagree with any of the above information please notify this office in writing as soon as possible.

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 and conditions of the Act and Regulations.

NOTE: See reverse side in case of sale of property.



*Charles M. Decker*

Charles M. Decker, Chief  
Bureau of Construction  
Code Enforcement

PLEASE REMOVE ALL CARBON PAPER BEFORE RETURNING

MUNICIPAL COPY



# CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION 84 Brook Rd UTILITY CO P.P.

BLK 1380-10 LOT 14

OWNER StG OCCUPANT \_\_\_\_\_

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

☒ FINAL ☐ TEMPORARY

SERVICE 12/11 This approval void after \_\_\_\_\_ days

AIR COND \_\_\_\_\_ RANGE \_\_\_\_\_ WATER HEATER \_\_\_\_\_

COMMENTS \_\_\_\_\_ ELECT HEAT \_\_\_\_\_ MISC B/A

DATE 12-22-88 PERMIT # K1922 INSPECTOR E.T. Schug

Elec. 104 P. 11-1-88 Insp. Lic # 24

**THE BRICK TOWNSHIP  
MUNICIPAL UTILITIES AUTHORITY**  
1551 HIGHWAY 88 WEST  
BRICK, NEW JERSEY 08724  
458-7000

**CERTIFICATE OF COMPLIANCE**

Date 1-11-89

NAME S.G. Development

ADDRESS 94 Sawmill Rd. Brick, NJ 08724

PROPERTY LOCATION 8 1/4 Creek Rd.

Account No. W033596 Block 1386.10 Lot 14CB-84

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 Gatti Evans