TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 551 Lanes Mill Rd. California Ave
2. Owner Name: Semark Assoc. Tel. [redacted]
   Address P.O. 1549 Brick NJ
3. Principal Contractor: same Tel. ( )
   Address
   Lic. No. or Builder Reg. No. 07621 Federal Emp. No.
4. Architect or Engineer: Anderson, Dallis Tel. ([redacted]
   Address 321 Manitoloking Rd.
5. Responsible Person in Charge of Work M. Fish

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$ 40000
2. ☒	Plumbing	3000
3. ☒	Electrical	1000
4. ☒	Fire Protection	100
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 44,100

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☒ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units

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

B. NON-RESIDENTIAL

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

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

B. HEATING FUEL

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

C. TYPE OF SEWAGE DISPOSAL

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

D. TYPE OF WATER SUPPLY

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

E. BUILDING CHARACTERISTICS

14. No. of Stories 2 1/2
15. Height of Structure 40 Ft.
16. Area–Largest Floor 905 Sq. Ft.
17. Bldg. Area–All Fls. 1527 Sq. Ft.
18. Volume of Structure 14458 Cu. Ft.
19. Total Land Area Disturbed 6000 Sq. Ft.

LDS BR 10520404

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

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

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

☐ **Check if contractor.**

AGENT NAME _____ TEL.( ) 477-2300

ADDRESS _____

_____

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	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other:																	
☐																	
☐																	
☐																	
☐																	
☐																	
☐																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

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

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

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

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	11-12-87	[illegible]	4-18-87	[illegible]	Proto
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zone			11/18/87	[illegible]	
☒	PLUMBING			11/19/87	[illegible]	
☐	ELECTRICAL					Proto.
☐	FIRE PROTECTION			11-20-87	C.L.	Proto.
☐	OTHER Eng			11-17-87	M	

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
✓	ALL CONSTRUCTION		4/9/88 JC			
	BUILDING				6-28-88	KH.
	Footings/Foundations					
	Framing					
	Architectural					
	Other					
✓	PLUMBING				5-9-88	[illegible]
✓	ELECTRICAL				6-22-88	[illegible] TBK
✓	FIRE PROTECTION				6-9-88	[illegible]
	OTHER Eng				6-9-88	[illegible]

c/c ✓
flow ✓
tet ✓

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired ______	
☐ Temporary Certificate of Occupancy Date Expired ______	
☑ Certificate of Occupancy No. 13106	6-30-88
☐ Certificate of Continued Occupancy No. ______	
☐ Certificate of Approval No. ______	
☐ None	

IV. ON-GOING INSPECTIONS

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

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 142.81
PLUMBING	105.00
ELECTRICAL	.
FIRE PROTECTION	15.00
OTHER ______	.
SUBTOTAL	$ 262.81
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.—)
D.C.A. TRAINING FEE .0006 x 20401 sq ft	12.24
CERTIFICATE OF OCCUPANCY	39.42
OTHER ______	.
OTHER ______	
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 319.4[illegible]

DATE 11/24/87 Collected By [illegible]

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

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

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

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME Carolina Manor TEL. NO. _____

ADDRESS 317 Brick Blvd. Brick, N.J. 08723

PROPERTY IN QUESTION:

BLOCK 1406.5 LOT(S) 1-3 ADDRESS Lanes Mill Rd.

BTMUA ACCOUNT NUMBER T575202

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 California Ave / Lanes Mill Rd
(STREET)

SEWER California Ave
(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. _____.

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: 11-13-87 SIGNED: Kevin L Donald M.P.

NOTE: STATEMENT GOOD FOR 90 DAYS ONLY

GA

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.

TOWNSHIP OF BRICK

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERT. NO. 13106
DATE ISSUED 6-30-88
Block 1406.5 Lot 1-3
Subdivision

IDENTIFICATION

Owner Stemark Assoc.
Address P.O. Box 1549
Brick, N.J.
Tel. ( )
Work Site Address
551 California Avenue

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

PAYMENTS

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

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

one family dwelling

USE GROUP R-3 FIRE GRADING 1 Hour

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE single family residence

FINAL COST OF CONSTRUCTION: $ 44,900.00

Arthur J. Cuzzo
CONSTRUCTION OFFICIAL

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

TOWNSHIP OF BRICK

APPLICATION FOR CERTIFICATE

PERMIT NO. 13106
DATE ISSUED 11-24-87
Block 1406.5 Lot 1-3
Subdivision OLD LOT
Notice No.

IDENTIFICATION

OWNER:

Name STEMARIC ASSOC
Address 317 BRICK BLVD
Town/State/Zip BRICK N.J. 08723

CONSTRUCTION LOCATION:

Address 651 CALIFORNIA AVE
BRICK N.J. 08723

[redacted]

ACTION

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

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 44,600.00
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

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

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

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

SIGNED: _____ OWNER/AGENT

☐ Owner
☒ Agent

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

UNIFORM CONSTRUCTION CODE — NEW JERSEY

SUBCODE TECHNICAL SECTION

Block 14063 Lot 153
Subdivision add lot

A. IDENTIFICATION

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

Owner Slawuk Assoc. — Contractor Same

Address P.O. 1549 Brick, NJ — Address

Tel. ( ) [redacted] — Tel. ( )

Work Site Address Lanes Mill Rd — Lic. No. 67621

Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

☐ See Plans

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other 20401 cu ft

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

C. BUILDING CHARACTERISTICS

USE GROUP: ____ Present ____ Proposed

No. of Stories 2 — Total Building Area–All Floors 1527 Sq. Ft.

Height of Structure 22 Ft. — Volume of Structure 19458 Cu. Ft.

D. COMMENTS

UNIFORM CONSTRUCTION CODE — NEW JERSEY

SUBCODE TECHNICAL SECTION

Block 14063 Lot 1-3
Subdivision add 1st

A. IDENTIFICATION

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

Owner Sierra R Assoc. — Contractor same
Address P.O. 1549 — Address
[redacted]
Tel. ( ) [redacted] — Tel. ( )
Work Site Address ~~Lone Mtn Rd~~ — Lic. No. 07621
California — Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

☐ See Plans

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other 30401 cu ft

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

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 2 — Total Building Area—All Floors 1527 Sq. Ft.

Height of Structure 22 Ft. — Volume of Structure 19458 Cu. Ft.

D. COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	11-17-87	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 6/16/88

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				12-11-87
☐ Slab				
☒ Frame	6-10-88			3/25
☐ Architectural				
☒ Insulation				3/31 KH
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Block 14063 Lot 6-3
Subdivision Odd Lot

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Stefanik Assoc
Address P.O. 1549
Boonton, NJ

Contractor Same
Address

Tel. ( ) [redacted] ( )
Work Site Address
Lic. No. 07621
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

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

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

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

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*) $ 15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: Laundry Room

D. COMMENTS

Block 1065 Lot 63
Subdivision Bal Bay

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

A. IDENTIFICATION

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

Owner Slo. Mr. Fk Assn
Address P.O. 1549
Bklt 05
Tel. ( ) 477-2300
Work Site Address Columbia Ave
551 Coolidge

Contractor Semple
Address
Tel. ( )
Lic. No. 7621
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

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

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

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

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*) $ 75

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: Laundry Room

D. COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 6/9/88

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☒ Smoke Test				6/9/88
☐ TCO				
☒ Other Final				6/9/88
☐ Other				

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Block 19613 Lot 13
Subdivision Odd lot

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner Stemark Assoc.
Address P.O. 1549
[redacted]
Tel. ( ) [redacted]
Work Site Address Lanes Mill Rd.

When changing contractors, notify this office

Contractor J. Flore
Address 314 Fisher Blvd
Toms River, NJ
Tel. ( ) 929-4655
Lic.No./Bus. Permit 126
Federal Emp. No. 222-416-440/000

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

List all fixtures

TYPE OF WORK:

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

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

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage — Material ABS Size _____
Building Sewer — Material ABS Size 3"

D. COMMENTS

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Block 10613 Lot 1.3
Subdivision odd lot

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Weinciik Assoc.
Address P.O. 1549
Brick, NJ
Tel. ( ) [redacted]
Work Site Address LAKES MILL RD.
AT CALIFORNIA

Contractor J. Fiore
Address 314 Fisher Blvd
Toms River, NJ
Tel. ( ) 929-4655
Lic.No./Bus. Permit 126
Federal Emp. No. 22-416-440/000

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

List all fixtures

TYPE OF WORK:

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

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

C. PLUMBING CHARACTERISTICS

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

D. COMMENTS

DATE	JOB CONDITION/COMMENTS
3/3/88	No Stairs
3/10/88	No Stairs # 20 -

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 11-19-87
Approved By: J.W. Lyle

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 5/9/88

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				2-2-88
☒ Rough	3/3/88			3/23/88 OK
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724

CERTIFICATE OF COMPLIANCE

Date ...6-13-88.....

NAME .....Stemark, Assoc.....

ADDRESS ....317 Brick Blvd. Brick, N.J. 08724.....

PROPERTY LOCATION.....551 California Avenue.....

Account No....T575202..... Block ..1406-5.. Lot...1-3....

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 .....

Builders Trust Warranty©

Builders' Warranty Service Corp.
P.O. Box 968, Pompano Beach, FL 33061
Telephone: (305) 941-6100
Toll Free: (U.S.) 1-800-327-1182 • (Florida) 1-800-525-0101

Hemark Assoc., Inc.
P.O. Box 1549
Bricktown, NJ 08723

This letter acknowledges receipt of your request for issuance of an American Quality Builder's Warranty Policy to the following new homeowner(s):

BLOCK: 1406.5 LOT: 1-3
NAME OF NEW HOMEOWNER(S):

ADDRESS: 351 California Avenue, Bricktown, NJ 08723
CITY, COUNTY, STATE, ZIP:

POLICY #: GB1739752
INCEPTION DATE/DATE OF SETTLEMENT: Ocean County

This notice will serve as complete proof of warranty and may be submitted to local construction code officials so that the required Certificate of Occupancy may be obtained.

I would also like to remind you to issue the terms and conditions of the warranty to the homeowner(s) at the time of settlement, and to confirm that the terms and conditions of the policy itself will be sent to the homeowner(s) directly within 45 days of the date of settlement.

Very truly yours,

Marc Zinman
BUILDERS TRUST WARRANTY

MZ/klf

10 year insured protection

AFFADAVIT

TO DIVISION OF INSPECTIONS:

I do swear to the best of my knowledge and with attached advisement of counsel that the property on the corner of Ivanhoe Road and South Dock Road, specifically Block 1406.5 Lot 1-3, complies with the requirements of the "drop down" ordinance Section 44A-72A (2).

This property complies with the conditions that ordinance sets forth consisting of the following:

(a) That the property owner does not own any property adjoining such undersized parcel.

(b) That dwellings or other principal uses are located on the lots adjacent to the undersized parcel.

(c) That the undersized parcel was created prior to January 4, 1974.

(d) That the property owner cannot acquire property from any adjacent lot without rendering such adjacent lot in violation of Part 3 of this chapter with respect to side line, width or bulk area requirements.

(e) That the undersized lot complies with the minimum bulk area and width requirements prescribed in the following table for the zone in which it is located:

ZONE	MINIMUM BULK AREA (SQUARE FEET)	MINIMUM WIDTH (FEET)
R-7.5	5,000	50

(f) The undersized parcel and the dwelling to be erected thereon complies with all other requirements of this chapter and all other applicable ordinances of the Township of Brick.

On this 3rd day of November, 1987

Vince Gialanella

Vincent M. Gialanella
W & F Developers-Vice President

STARUCH ASSOCIATES

M. Herbert Staruch, A.I.A., P.P.

November 5, 1987

Township of Brick
Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Att: Mr Ed Izzo
Building Inspector

Dear Mr. Izzo:

Please be advised that this letter can serve as authorization for reuse of our plans by W&F Developers under:

Commission No. 8512

Block No. 1406.5, Lot 1,2,3

Location: Brick Town, NJ

Garvey on Slab

Very truly yours,

M. Herbert Staruch, AIA, PP
For Staruch Associates

Sealed

ap

REQUIREMENTS FOR A RENTAL C/O INSPECTION

1. Smoke detector on each level.
2. All windows must be operable, with locks & screens.
3. No cracked or broken windows.
4. No exposed electrical wiring.
5. Cover plates on all electrical switches and outlets.
6. All appliances must be clean and working.
7. Heating unit must be working.
8. Hot water unit must be working.
9. No holes in floors or walls.
10. No infestation of insects.
11. No leaks in the plumbing or roof.
12. House number.
13. Locks on all exterior doors.
14. All walls painted and clean.
15. All plumbing fixtures working.

NOTE: If a landlord makes arrangements with the incoming tenant to assume the responsibility of any of the above minor repairs, (#3,5,6,or 12,13,14). This agreement must be put in writing and signed by the tenant and landlord. The original copy going to the housing inspector at the time of inspection.

To arrange for a rental inspection contact: Mrs. Lorraine Sudia, ext.403. There is an initial inspection fee of $25.00. A re-inspection is $10.00.

PLOT PLAN REVIEW CHECK LIST

RECEIVED
NOV 19 REV'D 88
BUILDING

K 14065 LOT 1 2 3

ESS Lane Mill Rd

RECEIVED
NOV 19 1987
MUNICIPAL ENGINEER

PLOT PLAN REVIEW –

	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
SURVEY - SIGNED & SEALED (P.L.S.)		/			
WIDTH & TYPE OF ROAD PAVEMENT		/			
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		/			
PROPOSED GRADING		/			
GARAGE, FIRST FLOOR, CRAWL SPACE & BASEMENT ELEVATION		/			
LOT GRADING		/			
METHOD OF DRAINING		/			
FLOOD ZONE (IF APPLICABLE)				/	
FLOOD OPENINGS SIZED & PLACED				/	
NGVD REF. IN FLOOD ZONE (BY P.L.S.)				/	
DRIVEWAY - WIDTH & TYPE		/			
PLOT PLAN SIGNED & SEALED (P.E., P.L.S. OR REG. ARCH)		/			/

8. FIELD CHECK (INSP) PLOT PLAN — MT — 11-19-87 (SIGNATURE / DATED) — Accepted ☐ Rejected ☐

COMMENT

FIELD CHECK (INSP) DRIVEWAY — [signature] — 5-5-88 (SIGNATURE / DATED) — Accepted ☑ Rejected ☐

COMMENTS

PLOT PLAN REVIEW CHECK LIST

C. FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

Signature	Dated	Accepted	Signature	Dated	Rejected
Comments:			Comments:		

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

MT	11-19-87	Accepted			Rejected
Signature	Dated		Signature	Dated	
Comments:			Comments:		

E. C. O. APPROVALS

1. Field Inspection (Inspector)

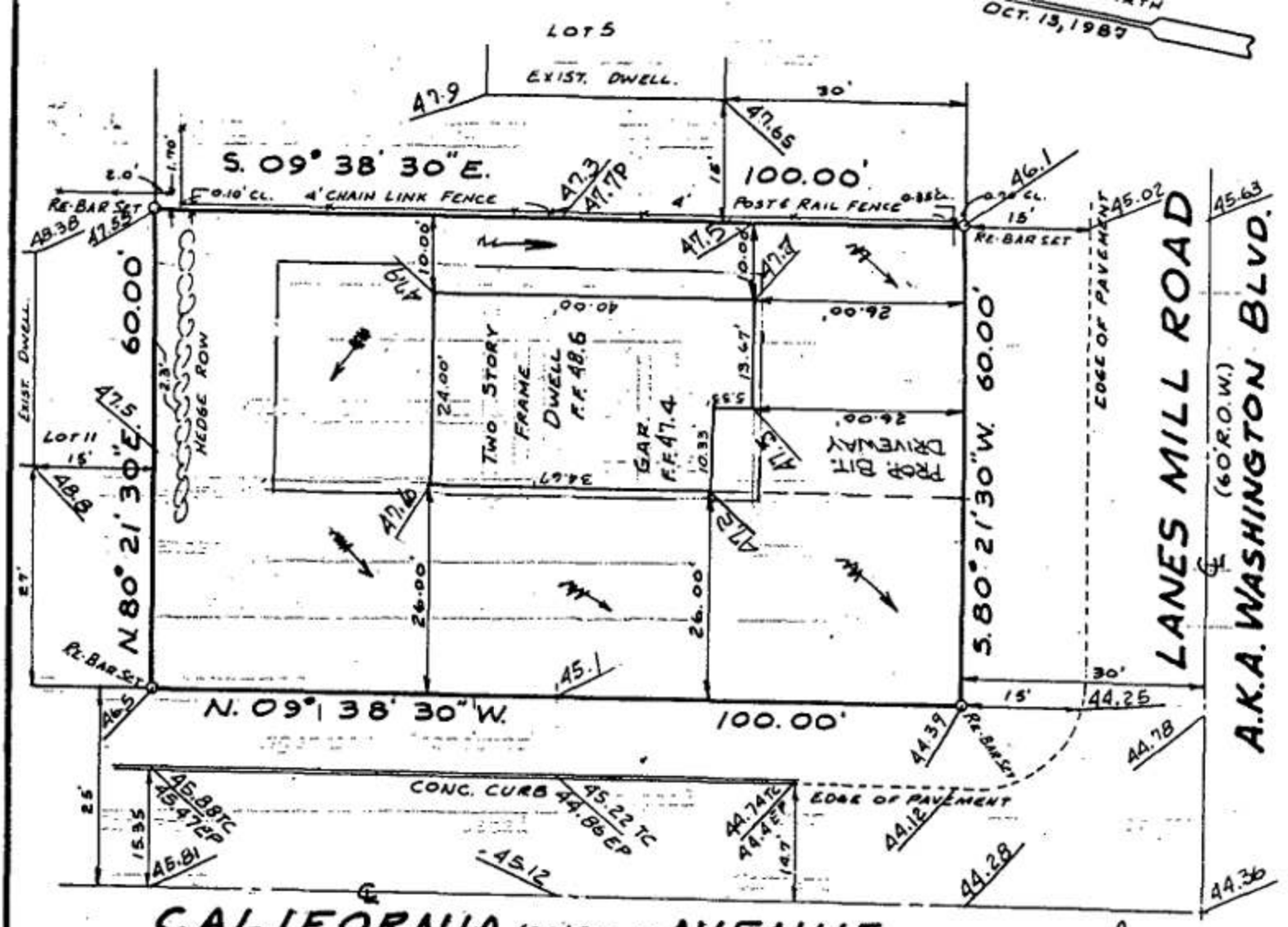
[signature]	6-9-88	Accepted			Rejected
Signature	Dated		Signature	Dated	
Comments:			Comments:		

2. Temporary C. O. (Municipal Engineer)

Signature	Dated	Accepted	Signature	Dated	Rejected
Comments:			Comments:		

3. Final C. O. (Municipal Engineer)

MT	6-9-88	Accepted			Rejected
Signature	Dated		Signature	Dated	
Comments:			Comments:		



NOTE:
BEARINGS ARE MAGNETIC, FILED MAP B-6 DOES NOT CONTAIN BEARINGS FOR LOTS 1, 2, 3, BLOCK 1406.5.

Approved
11/18/87

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.

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, and to the assignees of the lending institution. Certifications are not transferable to additional institutions or subsequent owners.

Underground improvement or encroachments, if any, are not shown hereon

SCALE: 1" = 20'

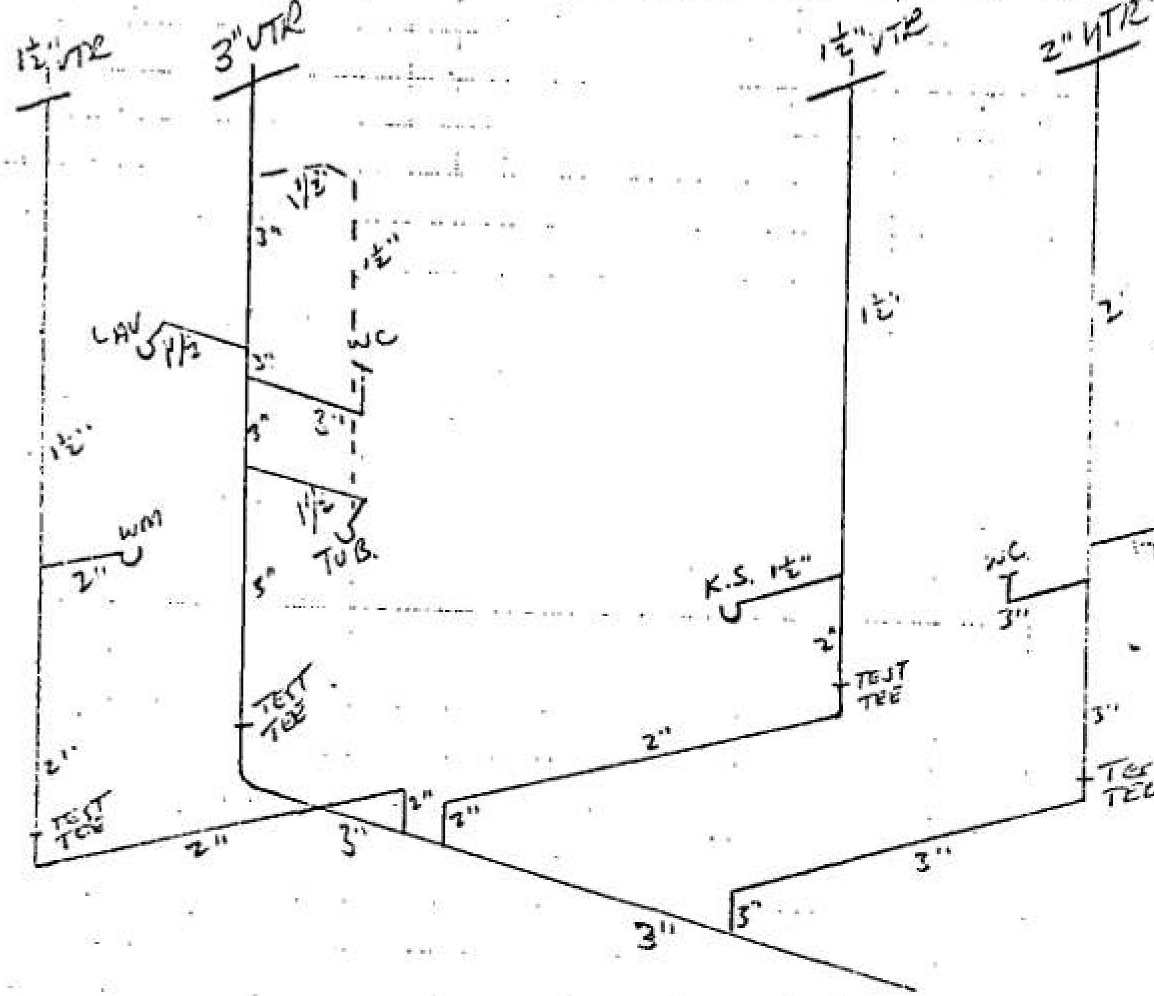
PLOT PLAN	1	10/21/87
REVISION	NO:	BY/DATE

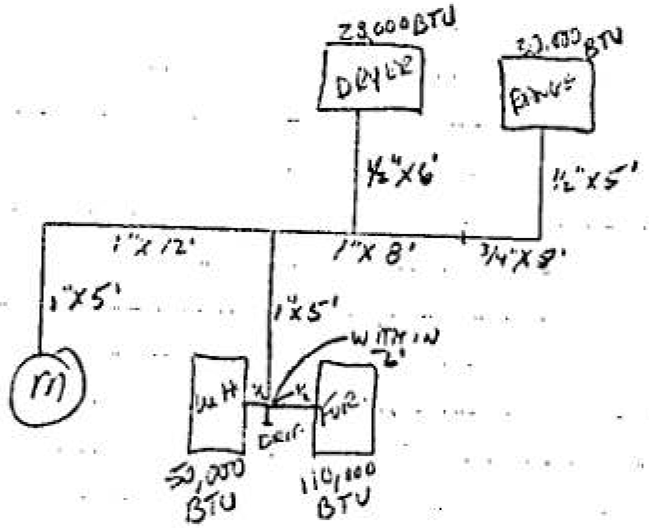
SURVEY

LOTS 1, 2, 3
BLOCK 1406.5

BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY

(1½ BATH)


1½" VTR
3" VTR
1½" VTR
2" VTR
LAV
1½
WC
WM
TUB.
K.S. 1½"
LAV
WC
TEST TEE
TEST TEE
TEST TEE
TEST TEE
3"
2"
1½"


28,000 BTU
DRYER
RANGE
BTU
½"x6'
½"x5'
1"x12'
1"x8'
¾"x8'
1"x5'
1"x5'
WITHIN 2'
W.H.
FUR.
DRIP
50,000 BTU
110,000 BTU

TOWNSHIP OF DOVER

PLOT PLAN REVIEW CHECK LIST

RECEIVED
NOV 19 REC'D
BUILDING

K 1406.5 LOT 1, 2, 3

ESS Long Mill Rd

RECEIVED
NOV 19 1987
MUNICIPAL ENGINEER

PLOT PLAN REVIEW	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
SURVEY - SIGNED & SEALED (P.L.S.)					
WIDTH & TYPE OF ROAD PAVEMENT					
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					
PROPOSED GRADING					
GARAGE, FIRST FLOOR, CRAWL SPACE & BASEMENT ELEVATION					
LOT GRADING					
METHOD OF DRAINING					
FLOOD ZONE (IF APPLICABLE)					
FLOOD OPENINGS SIZED & PLACED					
NGVD REF. IN FLOOD ZONE (BY P.L.S.)					
DRIVEWAY - WIDTH & TYPE					
PLOT PLAN SIGNED & SEALED (P.E., P.L.S. OR REG. ARCH)					

B. FIELD CHECK (INSP) PLOT PLAN — SIGNATURE: MT — DATED: 11-19-87 — Accepted ☐ Rejected ☐

COMMENT

FIELD CHECK (INSP) DRIVEWAY — SIGNATURE — DATED — Accepted ☐ Rejected ☐

COMMENTS

PLOT PLAN REVIEW CHECK LIST

C. FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

_____ Accepted
Signature Dated

Comments: _____

_____ Rejected
Signature Dated

Comments: _____

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

[signature] 11-19-87 Accepted
Signature Dated

Comments: _____

_____ Rejected
Signature Dated

Comments: _____

E. C. O. APPROVALS

1. Field Inspection (Inspector)

_____ Accepted
Signature Dated

Comments: _____

_____ Rejected
Signature Dated

Comments: _____

2. Temporary C. O. (Municipal Engineer)

_____ Accepted
Signature Dated

Comments: _____

_____ Rejected
Signature Dated

Comments: _____

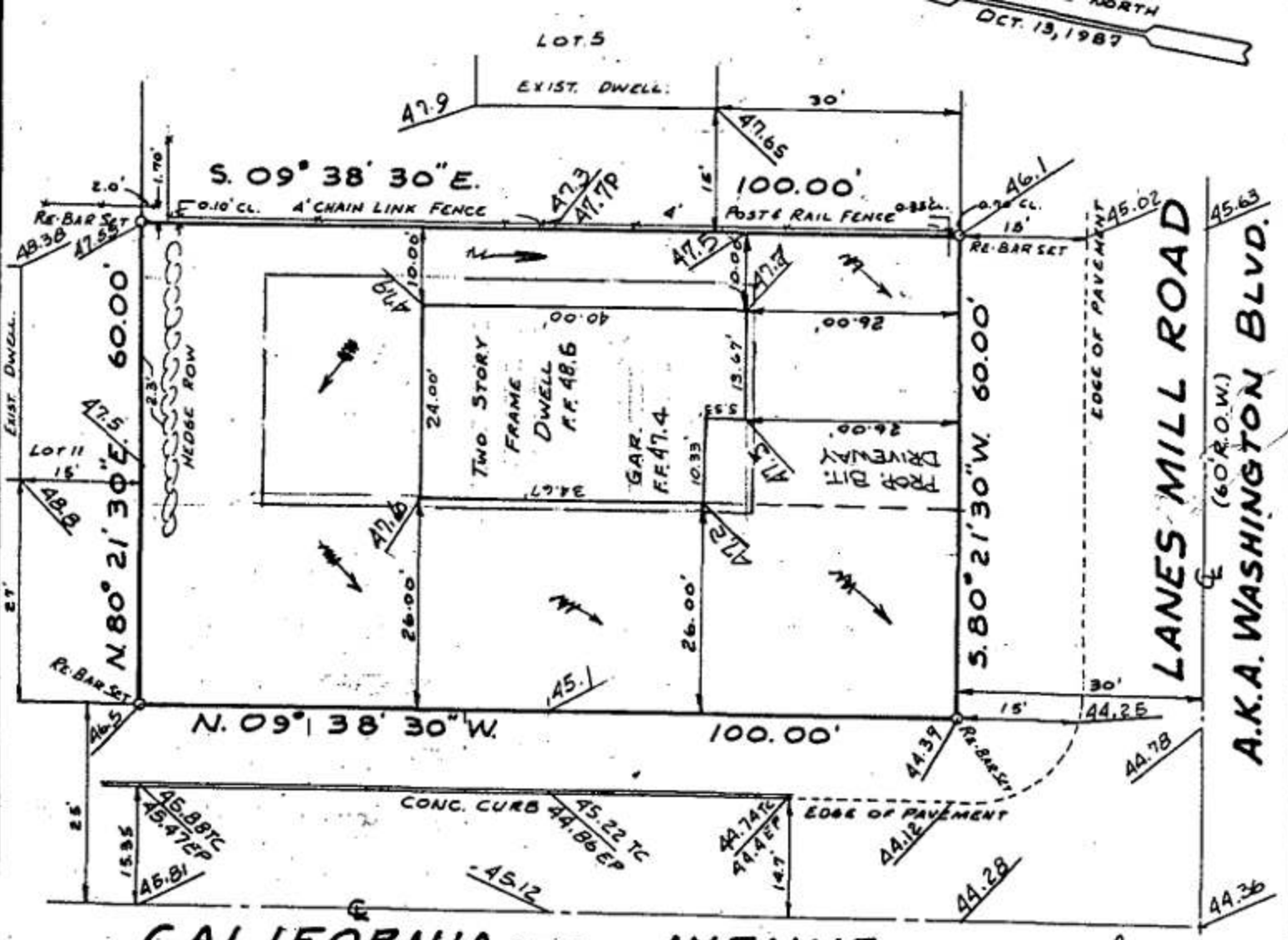
3. Final C. O. (Municipal Engineer)

_____ Accepted
Signature Dated

Comments: _____

_____ Rejected
Signature Dated

Comments: _____



NOTE:
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Approved 11/18/87

DRIVEWAY TO MEET
BRICK TOWNSHIP STANDARDS

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Underground improvement or encroachments, if any, are not shown hereon.

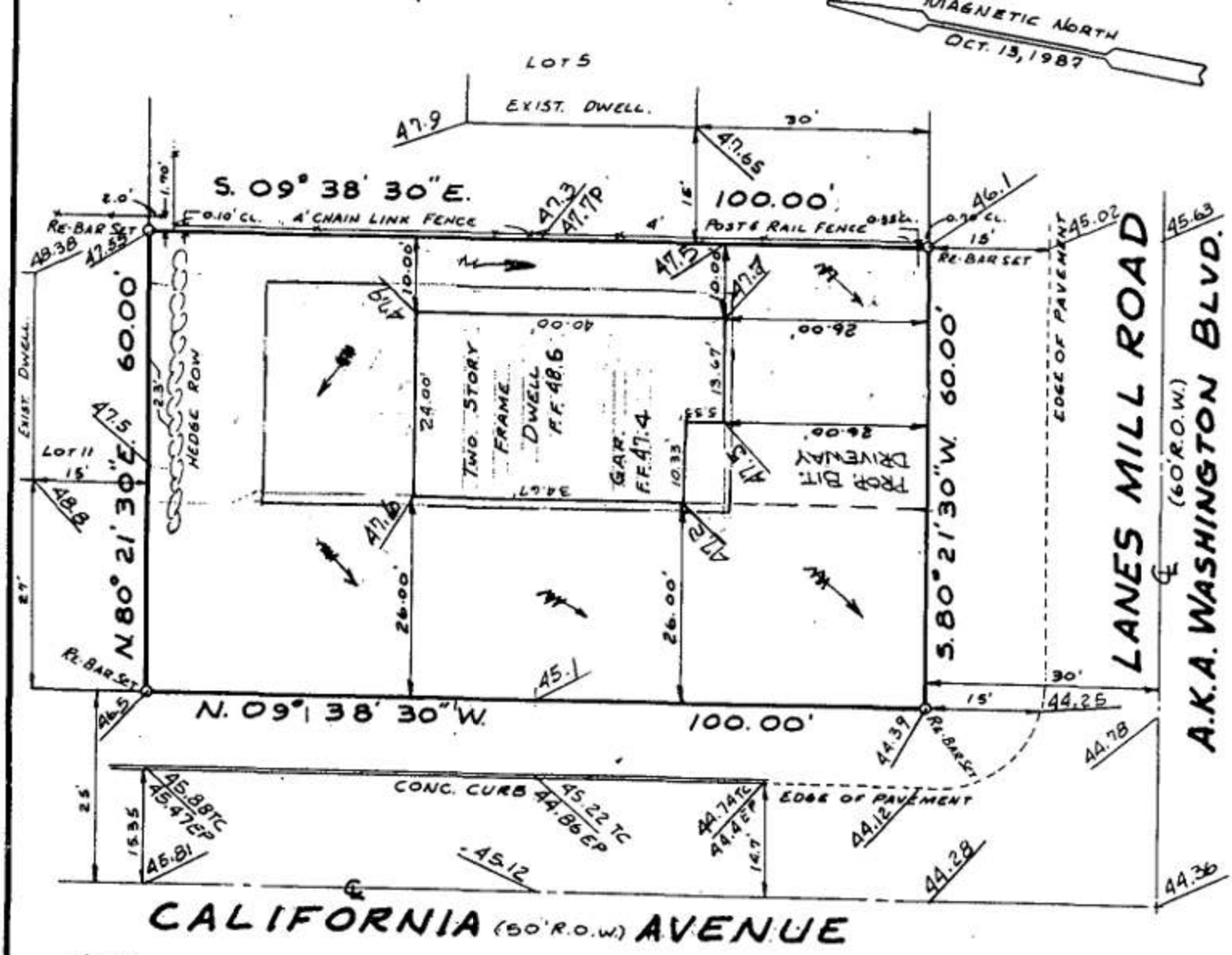
SCALE: 1" = 20'

PLOT PLAN RAp	1	10/21/87
REVISION	NO.	BY/DATE

SURVEY

LOTS 1, 2, 3
BLOCK 1406.5

BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY



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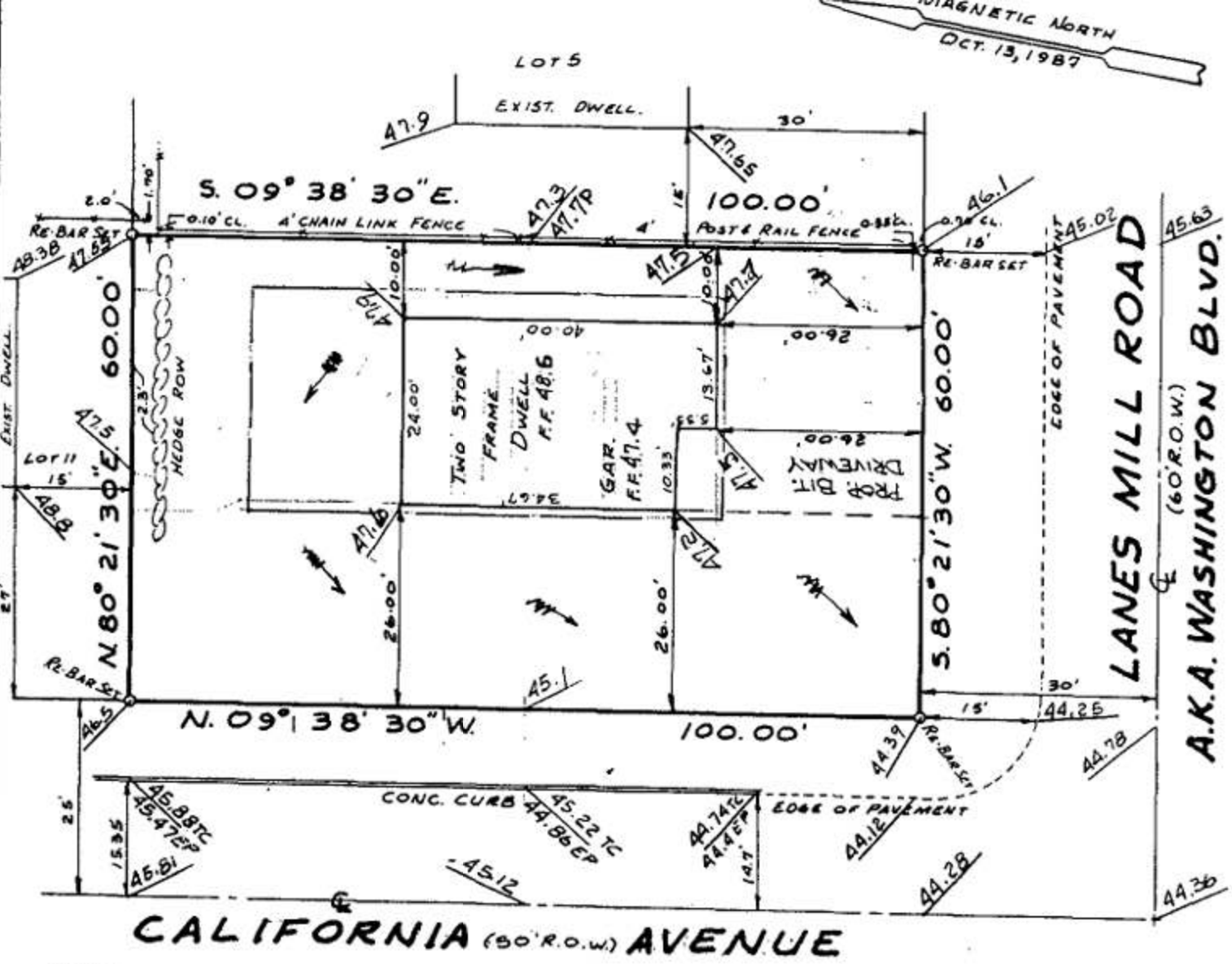
PLOT PLAN RAp	1	10/21/89
REVISION	NO.	BY/DATE

SCALE: 1" = 20'

SURVEY

LOTS 1, 2, 3
BLOCK 1406.5

BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY



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PLOT PLAN	RAP 1	10/21/89
REVISION	NO.	BY/DATE

SCALE: 1" = 20'

SURVEY

LOTS 1, 2, 3
BLOCK 1406.5

BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY