BLOCK 525 LOT 12 QUALIFICATION CODE C8.52 ADDRESS (SITE) 955 Rosewood Ave. PERMIT NO. 00-0909

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 955 Rosewood Ave.
2. Name of Owner in Fee: Sam Reynolds Tel. ([redacted]
   Address 63 Channel Dr. Brick, NJ. 08723 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Lash Shay Const. Te [redacted]
   Address 63 Channel Dr, Brick, NJ. 08...
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-3528180 FAX: (____) ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person in Charge of Work Sam Reynolds
   Tel. ([redacted] FAX (____) ____

3/31/00

Demo to freedom

SF Dwelling w/crawl & ~~Cellar~~

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	487 -	40
2.	Electrical		129	
3.	Plumbing		215	
4.	Fire Protection		173	
5.	Elevator Devices		flees'	
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		31 -	
10.	Subtotal			
11.	Cert. of Occupancy		123	
12.	Other		30	
13.	TOTAL	$	1181	46 -

TA

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
2.	Height of Structure 30' ft.	
3.	Area — Largest Floor 954' sq. ft.	
4.	New Building Area 1808 sq. ft.	
5.	Volume of New Structure ~~39,515~~ 19440 cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed ____ sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ____ ft.	
10.	Wetlands yes ____ no ____	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☒ New Building	34000	RD	3/8/00		3-29-00	FW			
3.	☐ Addition	1000								
4.	☐ Alteration									
5.	☒ Fire Protection	100 -				3-31-00	DB			
6.	☒ Plumbing	3500 -								
7.	☒ Electrical	2500. -				3-29-00	EW			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Cert	3/23/00		3/23/00				
	TOTAL COSTS	41100								

OPTIONAL (for office use only)

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:
3. Change in Use Group, Indicate Former:

LDS BR 10501151

U.C.C. F100-1 (rev 3/96)

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 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 _____

Address _____

_____

Telephone ( ) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

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	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. EXEMPT
LIMIT

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/20/2000
Control #
Permit # 00-0909

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK
Owner in Fee/Occupant REYNOLDS, SAME
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone [redacted]
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone [redacted] Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

Home Warranty No. 143479
Type of Warranty Plan: [X] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

S F DWELLING/CRAWL

[X] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

J Cuniaga

CONSTRUCTION OFFICIAL
U.C.C. F260 (Rev. 3/96)

Fee $ 123
Paid [X] Check No. 4175
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/20/2000
Control #
Permit # 00-0909

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK
Owner in Fee/Occupant REYNOLDS, SAME
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone [redacted]
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone [redacted] Fax ( )
Lic. No. or Bears. Reg. No. 26379
Federal Emp. No. 22-3528180

Home Warranty No. 143479
Type of Warranty Plan: [X] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

S F DWELLING/CRAWL

[X] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

Fee $ 123
Paid [X] Check No. 4175
Collected by: TL

CONSTRUCTION OFFICIAL
U.C.C. F260 (Rev. 3/96)

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 525 Lot 17
Work Site Location

Owner in Fee Samuel Reynolds
Address 63 Channel DR
Rock Hill 08823
Tel. [redacted]

Contractor Kristi Shay Contractor
Address 63 Channel DR
08823
Te [redacted]
License No.
Federal Employee No. 22-3528480

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP R3 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 70,000.—
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

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

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

DESCRIPTION OF WORK/USE:

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: Samuel Reynolds
OWNER/AGENT

- [x] OWNER
- [ ] AGENT

U.C.C. F270
(rev 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03-31-2000
Control #
Permit # 00-0909

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 525 Lot 12 Qual

Work Site Location 555 [illegible] AVE
S F DWELLING/GRADE/DECK

Owner in Fee [illegible]
Address 63 [illegible] DR
BRICK, NJ 08723-

Telephone [redacted]

Contractor [illegible] CONSTRUCTION
Address 63 [illegible] DR
BRICK NJ 08723-
Telephone [redacted]
Lic. No. [illegible]
Federal Emp. No. [illegible]

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
S F DWELLING/GRADE

PAYMENTS (Office Use Only)

Building	487
Electrical	122
Plumbing	215
Fire Protection	173
Elevator Devices	0
Other	
DCA Training Fee	31
Cert. of Occupancy	123
Other	[illegible]
Total	1,151
Check No.	[illegible]
Cash	
Collected By	[illegible]

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

Estimated Cost of Work $ [illegible]

Construction Official 03/31/2000

Date

F.C.C. F170 (rev. 3/95)

0004
0909**

BLOCK	0.00
525 #	
LOT	0.00
12 #	
BUILDING	487.00
ELETRIC*	122.00
PLUMBING	215.00
FIRE	173.00
D.C.A.	31.00
C / O	123.00
ZONEPLOT	15.00
ENG P.R.	15.00
TOTAL	1181.00
CHECK	1181.00
CHANGE	0.00

03/31/00 NO. 5 0020A005 12:16

0010
0909*#
BLOCK 525 # 0.00
LOT 12 # 0.00
ELETRIC* 40.00
TOTAL 40.00
CHECK 40.00
CHANGE 9.00
NO. 5 0012A005 -?:-?
15/-X00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/19/2000
Control #
Permit # 00-0909+A
Permit Issued 03/31/2000

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 525 Lot 12 Qual

Work Site Location 955 ROSEWOOD AVE
SUBPANEL
Owner in Fee REYNOLDS, SAM
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone [redacted]

Contractor DICKSON ELECT.
Address 503 BRICK BLVD.
BRICK,, NJ 08723-
Telephone (732)920-6441
Lic. No. or Bldrs. Reg. No. 8397
Federal Emp. No. 15-3627109

Is hereby granted permission to perform the following work:

[ ] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:
SUBPANEL

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	11681
Cash	
Collected By	LRT

Estimated Cost of Work $ 550

F. Curcuzza / LRT
Construction Official

06/19/2000
Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3/13/00
Control # C8-52
Permit # 00-0959

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

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK
Owner in Fee REYNOLDS, SAME
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tel [redacted]
Contractor BRIAN HEAT CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tel [redacted] Fax (___)
Lic. No. or Mdrs. Reg. No. 26379
Federal Emp. No. 22-3528180

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

S F DWELLING/CRAWL

As Built Foundation Survey Req Showing T.O. 13. (FM)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3.23.00	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 1,894 Sq. Ft.
Volume of New Structure 19,466 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 34,000
2. Alteration $ 1
3. Total (1+2)$ 34,001

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 487
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 487
DCA Training Fee	$ 31

Paid [ ] Check #
Collected by:

D.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3/15/00
Control # C8-52
Permit # CO-0959

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

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK
Owner in Fee REYNOLDS, SAME
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele [redacted]
Contractor REALTY BAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele [redacted] Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

S F DWELLING/CRAWL

As Built Foundation Survey Req Showing T.O. 13. (FM)

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All 3.2300 FM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK — FEE (Office Use Only)

[X] New Building	$ 487
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 1,894 Sq. Ft.
Volume of New Structure 19,466 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 34,000
2. Alteration $ 1
3. Total (1+2)$ 34,001

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 487
DCA Training Fee	$ 31

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3 13/100
Control # C8-52
Permit # 00-0909

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

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK
Owner in Fee REYNOLDS, SAME
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele [redacted]
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele [redacted] Fax (___)
Lic. No. of Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

S F DWELLING/CRAWL

As Built Foundation Survey Req Showing T.O.B. (FM)

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[ ] All — 3/20/00 KH
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 7-17-00
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing	4/13		4/14/00	
Foundation			5/8/00	
Slab				
Frame			6-8-00	
BarrierFree				
Insulation			6-15-00	
Finishes				
Energy				
Mechanical				
TCO SHEATHING			6-31-00	
Other				
Final			7-17-00	
BarrierFree				

TYPE OF WORK

[X] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Other
[ ] Demolition

FEE (Office Use Only)

$	487
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 1,894 Sq. Ft.
Volume of New Structure 19,466 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 34,000
2. Alteration $ 1
3. Total (1+2)$ 34,001

Industrialized Building:
[ ] State Approved
[ ] HUD

Paid [ ] Check # Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 487
DCA Training Fee	$ 31

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/08/2000
Date Issued 01/01/1954
Control # 6-19-00
Permit # 00-0909+A

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

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
SUBPANEL
Owner in Fee REYNOLDS, SAM
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tel [redacted] Fax ( )
Contractor DICKSON ELECT.
Address 503 BRICK BLVD.
BRICK,, NJ 08723-
Tele.(732)920-6441
Lic. No. or Bldrs. Reg. No. 8397
Federal Emp. No. 15-3627109

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 550.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6-14-00
Approved By:

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

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Temp Serv				
Const 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 an authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 40
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/08/2000
Date Issued ~~01/01/1954~~
Control # 6-19-00
Permit # 00-0909+A

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

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
SUBPANEL
Owner in Fee REYNOLDS, SAM
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele [redacted] r ( )
Contractor DICKSON ELECT.
Address 503 BRICK BLVD.
BRICK,, NJ 08723-
Tele.(732)920-6441
Lic. No. or Bldrs. Reg. No. 8397
Federal Emp. No. 15-3627109

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 550

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6-14-00
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const 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 an authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 40
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3/31/00
Control # C8-52
Permit # 00-0909

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

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK
Owner in Fee REYNOLDS, SAMR
Address 63 CHANNEL DR
BRICK NJ 08723-
Tel [redacted] Fax ( )
Contractor WILSON ELEC
Address 503 BRICK BLVD
BRICK, NJ 08723-
Tele.(732)920-6441
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 92-06441

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 3-25-00
Approved By:

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

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const 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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Lighting Fixtures	
60		Receptacles	
26		Switches	
7		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
115		TOTAL NUMBERS	55
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
1	5	KW Central A/C Unit	9
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 122
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3/31/00
Control # C8-52
Permit # E - 0709

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

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK
Owner in Fee REYNOLDS, SAME
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tel [redacted] Fax ( )
Contractor DICKSON ELEC
Address 503 BRICE BLVD
BRICK, NJ 08723-
Tele.(732)920-6441
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 92-C6441

B. ELECTRICAL CHARACTERISTICS

Use Group - Present E-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 3-27-00
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Lighting Fixtures	
60		Receptacles	
26		Switches	
7		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
115		TOTAL NUMBERS	55
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
1	5	KW Central A/C Unit	9
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 122
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

C9

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3/31/00
Control # C8-52
Permit # 00-0909

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

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK
Owner in Fee REYNOLDS, SAME
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tel [redacted] ( )
Contractor DICKSON ELEC
Address 503 BRICK BLVD
BRICK, NJ 08723-
Tele.(732)920-6441
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 92-06441

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 3-25-00
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 7/7/00
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough			6600	CO
Temp Serv	6/5 00		6/5 00	CO
Const Serv				
TCO				
Other				
Service				
Final			7/7 00	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Lighting Fixtures	
60		Receptacles	
26		Switches	
7		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
115		TOTAL NUMBERS	55
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
1	5	KW Central A/C Unit	9
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 122
DCA Training Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/08/2000
Date Issued ~~01/01/1954~~
Control # 6-19-00
Permit # 00-0909+A

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

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
SUBPANEL
Owner in Fee REYNOLDS, SAM
Address 63 CHANNEL DR
BRICK, NJ 08723-
T [redacted] Fax ( )
Contractor DICKSON ELECT.
Address 503 BRICK BLVD.
BRICK,, NJ 08723-
Tele.(732)920-6441
Lic. No. or Bldrs. Reg. No. 8397
Federal Emp. No. 15-3627109

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 550

JOB SUMMARY (Office Use Only)

PLAN REVIEW
X No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6-14-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7 1700
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			7 1700	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 40
DCA Training Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3/31/00
Control # C8-52
Permit # 00-0909

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

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK
Owner in Fee REYNOLDS, SAME
Address 63 CHANNEL DR
BRICK, NJ 08723-
T[redacted]ax ( )
Contractor MARSH SHORE CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Te[redacted]
Li[redacted]o.
Federal Emp. No. 22-3528180

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 3-31-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	7	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	7	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other FURNACE		46
Other		0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 173
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3/31/00
Control # C8-52
Permit # 00-0909

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

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK
Owner in Fee REYNOLDS, SAMB
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tel [redacted] Fax ( )
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
[redacted] Reg. No.
Federal Emp. No. 22-3528180

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 3/31/00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	7	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	7	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other FURNACE		46
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	173
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96).

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3/31/00
Control # C8-52
Permit # 00-0909

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

Block 525 Lot 12 Qual

Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK

Owner in Fee REYNOLDS, SAME

Address 63 CHANNEL DR
BRICK, NJ 08723-

T[redacted])

Contractor KRISTI SHAY CONSTRUCTION

Address 63 CHANNEL DR
BRICK, NJ 08723-

Tel[redacted]

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3528180

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 3-31-00
Approved By: DB
SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 7-17-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			7-17-00	DB
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			7-17-00	DB
Smoke Ctl				
TCO				
Final			7-17-00	DB
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	7	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	7	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other FURNACE		46
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	173
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3/13/00
Control # C8-52
Permit # 00-0909

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. NEW CONSTRUCTION CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 525 Lot 12 Qual
Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK
Owner in Fee REYNOLDS, SAME
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele [redacted] Fax ( )
Contractor MCCREA P&H
Address 983 ROSEWOOD AVE
BRICK, NJ 08723-
Tele.(732)262-0021
Lic. No. or Bldrs. Reg. No. 6623
Federal Emp. No. 14-2525862

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-10-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 7-17-00

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	6-5-00		6-7-00	
Water			7-10-00	
Sewer			7-10-00	
Fixtures			7-17-00	
Gas Equip.			7-17-00	
Gas Piping			6-5-00	
Solar				
TCO			7-14-00	

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
1	Bath Tub 40' 177 000	10
3	Lavatory	30
1	Shower	10
0	Floor Drain 1"	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection -	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	215
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

C. CERTIFICATION IN LIEU OF OATH

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

3/14 "

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. P130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3/31/00
Control # C8-52
Permit # C0-0909

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

Block 525 Lot 12 Qual

Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK

Owner in Fee REYNOLDS, SAME

Address 63 CHANNEL DR
BRICK, NJ 08723-

Tele [redacted] x ( )

Contractor ACCESS ICE

Address 983 ROSEWOOD AVE
BRICK, NJ 08723-

Tele.(732)262-0021

Lic. No. or Bldrs. Reg. No. 6623

Federal Emp. No. 14-2525862

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3/31/00
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 Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
1	Bath Tub	10
3	Lavatory	30
1	Shower	10
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	215
DCA Training Fee	$	0

Paid [ ] Check # Collected by:

3/4

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2000
Date Issued 3/13/00
Control # C8-52
Permit # 00-0909

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

Block 525 Lot 12 Qual

Work Site Location 955 ROSEWOOD AVE
S F DWELLING/CRAWL/DECK

Owner in Fee REYNOLDS, SAME

Address 63 CHANNEL DR
BRICK, NJ 08723-

Tel [redacted] Fax ( )

Contractor ACCESS PLB

Address 983 ROSEWOOD AVE
BRICK, NJ 08723-

Tele.(732)262-0021

Lic. No. or Bldrs. Reg. No. 6623

Federal Emp. No. 14-2525862

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3.20.00
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 Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
1	Bath Tub 4	10
3	Lavatory	30
1	Shower 1 1/2	10
0	Floor Drain	0
1	Sink 1	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	215
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

3/4

U.C.C. P130 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: March 9, 2000 **No. 2000-**0239

Block: 525 **Lot** 12 **Zone**: R-7.5

Property Address: 955 Rosewood Avenue

Owner: Samuel Reynolds/Kristy Shay Construction

Applicant: Samuel Reynolds **Phon**[redacted]

Existing Use: Single family dwelling/to be demolished

Proposed Use: Single family dwelling

Proposed Construction: 34' x ~~36~~ 40', 30'high, two story single family dwelling

Conditions: The house must be setback at least 25 feet from the front property line, 6 feet from the side property lines and 15 feet from the rear property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

ZONING ~~R-5~~ 525

BLOCK ~~955~~ LOT 12

PROPERTY ADDRESS (number and street) 955 Rosewood Ave

NAME OF PROPERTY OWNER Samuel Reynolds, Kristy Shay Const.

PERSONAL NAME OF APPLICANT Samuel Reynolds

BUSINESS NAME OF APPLICANT Kristi Shay Construction

MAILING ADDRESS OF APPLICANT 63 Channel Dr., Brick, NJ. 08723

TELEPHONE NUMBER OF APPLICANT [redacted]

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot
- ☑ Single-family dwelling
- ☐ Multi-family dwelling
- ☐ Commercial (please describe)_____

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot
- ☒ Single-family dwelling
- ☐ Multi-family dwelling
- ☐ Commercial (please describe)_____

PROPOSED CONSTRUCTION (please describe, specifically additions)

SF Dwelling w/ crawl

All dimensions: 34' Width 36' Length 30' Height

All dimensions: ____ Width ____ Length ____ Height

All dimensions: 8' Width 10' Length 18" Height

Deck or Garage: X Attached ____ Detached ____ Height

Fence: ____ Style ____ Material ____ Height

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) copies of the property survey map containing:
- ☐ All existing and proposed structures
- ☐ All dimensions of the lot and structures
- ☐ All setbacks from the structures to the property lines
- ☐ All adjacent streets and waterways
- ☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant _____ Date

~~# address~~ :

2 story Colonial

SINGLE FAMILY DWELLING CHECKLIST

1. Construction Permit Jacket signed & completed (SIGN INSIDE) — Yes ✓ No ____
2. Zoning Application Completed (SIGN) — Yes ✓ No ____
3. Two true size surveys- signed & sealed — Yes ✓ No ____
4. Engineering form- checklist or major subdivision — Yes ✓ No ____
5. Completed debris form- destination of debris (SIGN) — Yes ✓ No ____
6. Shade tree application — Yes ✓ No ____
7. BTMUA availability statement — Yes ✓ No ____
8. Bldg, Plmg, Fire, & Electric subcode info completed (SIGN signatures) — Yes ✓ No ____
9. Gas Pipe drawing — Yes ✓ No ____
10. Water schematic for plumbing — Yes ✓ No ____
11. Brochures- furnace, boiler, a/c, or fireplace — Yes ✓ No ____
12. Options — Yes ____ No ____
    Fireplace- Gas or wood (circle one) — Yes ✓ No ____
    ~~Deck~~
    ~~Basement~~ or Crawl Space (circle one)
13. Two sets of plans- architecturals signed & sealed- all pages
    Homeowner drawings- signed by homeowner- all pages — Yes ✓ No ____
14. Breakdown cost for each subcode on jacket & counter form — Yes ✓ No ____
15. Separate alteration costs for decks, fireplaces & etc. — Yes ✓ No ____

Any information not included in package will not be accepted at the front counter

Certificate of Occupancy Single Family Dwelling

Location 955 Longwood Ave Block 525 Lot 12

Final Inspections needed as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Report of Compliance, Ocean County Soil
8. Home Owners Warranty (HOW) or Affidavit by Owner

Certificate of Approval Additions and Alterations

Final inspections on all the Technical Sections that were paid for Building, Plumbing, Fire, and Electrical.

Report of Compliance from Ocean County Soils needed when; more than 5000 square feet are disturbed, almost always when more than 1 house is constructed as in Major and Minor Subdivisions. Affordable Housing when applicable. Stamped in Red when review is needed.

	FINALS	FINALS	FINALS
Building		Approved	
Plumbing		Approved	
Fire		Approved	
Electric		Approved	
Ctf of Comp BTMUA		Approved	
HOW		Approved	
Engineering		Approved	
Soil		Approved	
Affordable Housing		Approved	
Commercial Occupancy Load		Completed	
Public Works Garbage Can Receipt		Received	
Application for CO		Completed	

BLOCK 525

LOT 12

ADDRESS 955 Longwood Ave

CALL WHEN READY

908-770-9820

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(908) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Sam Reynolds PHONE NO [redacted] bus.)

ADDRESS: 63 Channel Dr. _____ (home)
Brick, NJ 08723

PROPERTY IN QUESTION: ADDRESS 955 Rosewood Dr.

BLOCK(S) 525 LOT(S) 12

BTMUA ACCOUNT NO. I743207 TAX MAP DRAWING NO. 35B

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

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

CONNECTION WILL BE PROVIDED AS FOLLOWS:

INITIAL SERVICE CHARGES

WATER ROSEWOOD DRIVE (STREET) 3/4" 1871.00 1" 3282.00

SEWER ROSEWOOD DRIVE (STREET) 2505.00

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION FOR EXTENSION IS ☐ IS NOT ☐ REQUIRED. _____ _____

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO. _____ CONTACT THE AUTHORITY TO CONFIRM AVAILABILITY OF SERVICES. _____ _____

DATE: Feb. 25, 2000 SIGNED: Jane M. S. Gildersleeve

C.G. 2/24/00

NOTE: STATEMENT GOOD FOR ONE YEAR.

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.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 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.
6. CERTIFICATE OF COMPLIANCE

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

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER _____ DATE _____

PROPERTY ADDRESS _____ BLOCK _____ LOT _____

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

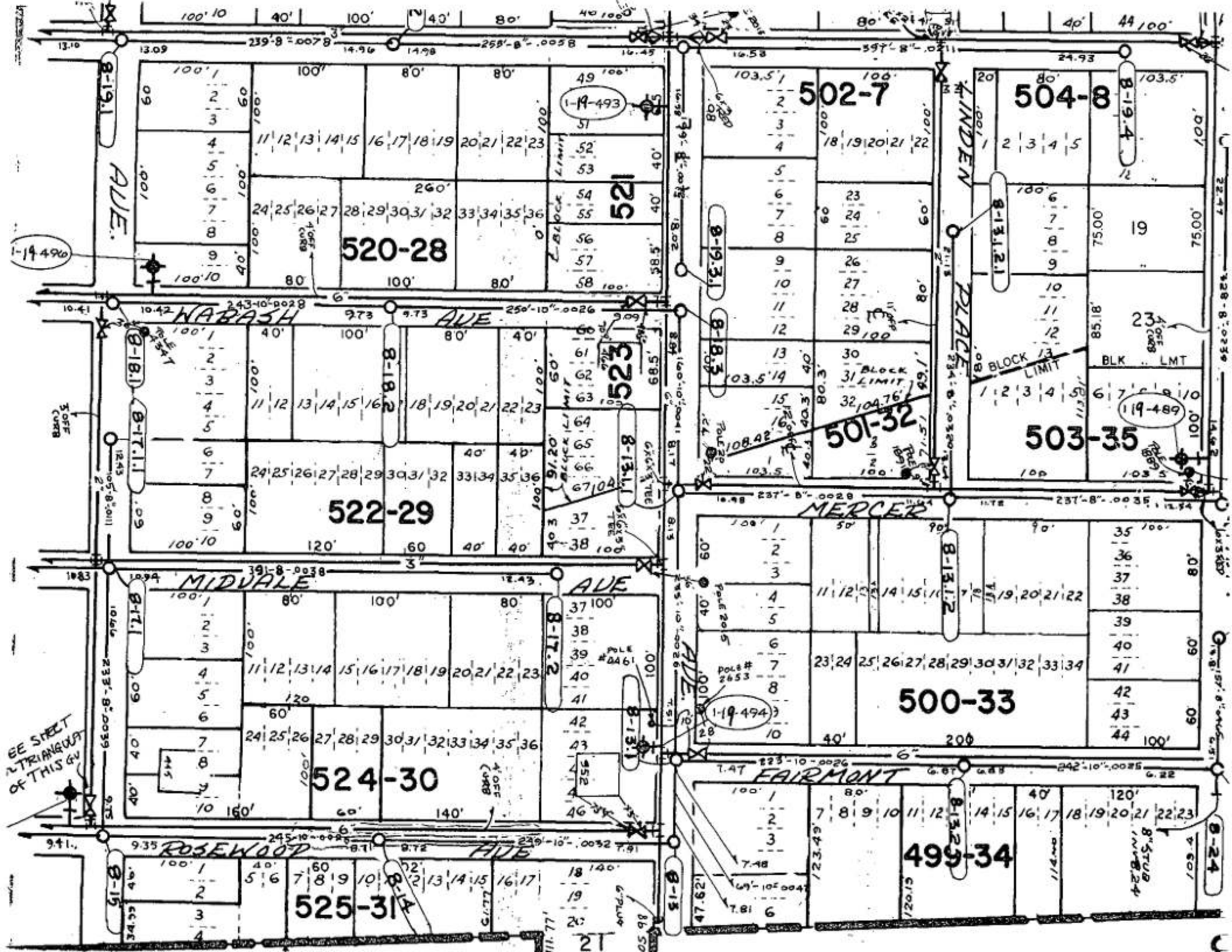
PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS		(dfu) DRAINAGE
1:BATHROOM GROUP	_____	( ) _____	( )	_____
2:KITCHEN GROUP	_____	( ) _____	( )	_____
3:WATER CLOSETS	_____	( ) _____	( )	_____
4:LAVATORY	_____	( ) _____	( )	_____
5:BATH TUB	_____	( ) _____	( )	_____
6:SHOWER STALL	_____	( ) _____	( )	_____
7:KITCHEN SINK	_____	( ) _____	( )	_____
8:SERVICE SINK	_____	( ) _____	( )	_____
9:LAUNDRY TRAY	_____	( ) _____	( )	_____
10:DISHWASHER	_____	( ) _____	( )	_____
11:WASHING MACHINE	_____	( ) _____	( )	_____
12:URINAL	_____	( ) _____	( )	_____
13:FLOOR DRAIN	_____	( ) _____	( )	_____
14:DRINK FOUNTAIN	_____	( ) _____	( )	_____
15:AIR COND WATER COOLED	_____	( ) _____	( )	_____
16:DENTAL UNIT	_____	( ) _____	( )	_____
17:LAWN SPRINKLE	_____	( ) _____	( )	_____
18:FIRE SPRINKLE	_____	( ) _____	( )	_____
19:HOSE BIBS	_____	( ) _____	( )	_____

TOTAL _____ _____

GALLONS PER MINUTE _____

SIZE OF SERVICE _____

DATE: APPROVED:


AVE.
WABASH AVE
MIDVALE AVE
ROSEWOOD AVE
LINDEN PLACE
MERCER
FAIRMONT
520-28
521
522-29
523
524-30
525-31
502-7
504-8
501-32
503-35
500-33
499-34
8-19.1
8-18.1
8-17.1
8-11.1
8-19.2
8-18.2
8-17.2
8-11.2
8-19.3.1
8-18.3
8-13.1.2
8-13.2.1
8-19.4
8-13.1
8-13.2
8-15
8-14
8-24
1-19-490
1-19-493
1-19-489
1-19-494
BLOCK LIMIT
BLK LMT
POLE #2653
POLE #0461
SEE SHEET "L" TRIANGULAR PT OF THIS GV

SHADE TREE PERMIT

RECEIPT OF FEES

BLOCK: 525

LOT: 12

FEE: $ 0

INSPECTION

No trees to be removed

APPLICATION FOR SHADE TREE PERMIT
ORDINANCE # 158-E-99

1. Name of Applicant & Address Kristi Shay Construction Telephone # 477-4665
63 Channel Dr. Brick, NJ. 08723
Give name and address of person applying for permit. If applicant is other than owner, give and identify names and addresses of both.

2. Property is Block 525, Lot(s) 12
This information is available from your deed or tax bill.

3. Address if different from applicant_____
Give street and number if one is assigned. If there is no street number, estimate distance and direction from nearest intersection or other easily recognizable land mark.

4. Location of trees on property_____and number of trees presently on property_____.

A. FOR INDIVIDUAL BUILDING LOTS:

Provide either a copy of a recent survey or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch.

Include existing buildings, driveways and other constructions in SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a C inside circle for coniferous (pine, etc.) trees and A D for dedidous trees.

Note* Trees to be removed will have an X through the circle.

If removal is desired because of proposed construction of any kind, include such construction in DOTTED LINES and identify. If planting of new trees (including but not limited to those in note below) is proposed in application to replace those removed, or for any other reason, show approximate proposed location with a DOTTED CIRCLE and specify species and approximate planting size (height and caliper).

There should be a minimum of one tree for each 2000 square foot after all tree removal and replacement. (e.g. an 80 X 100 Ft lot includes 8000 SF and would require a minimum of 4 trees).

B. FOR OTHER ACREAGE

Include copy of subdivision plot plan or equivalent outlining al wooded areas and solitary trees. Identify each (e.g."heavily wooded mature oak with scattered Dogwood" or "sparsely wooded mixed Pitch Pine and small Oak, etc).

Same minimum of one tree per 2000 SF as above is required.

APPLICATION FOR SHADE TREE PERMIT- Ordinance # 158-E-99
Page 2

Note*

"Tree" for the purpose of this permit means (1) any live coniferous tree 4" or more DBH (diameter breast high) (2) any dediduous tree (live) 3" or more DBH (3) any live American Holly or Dogwood 1" or more, one foot above ground and (4) any live Laurel 3" or more across root crown.

Date _____

Name of Applicant Kristi Shay Construction- Sam Reynolds

Address 63 Channel Dr., Brick, NJ. 08723

Block _____ Lot _____

Residential X Commercial _____

Address if different from applicant _____

LOCATION OF TREES ON PROPERTY

NUMBER OF TREES PRESENTLY ON PROPERTY

FEES

$5.00 per tree (maximum $25.00) on individual building lot

$25.00 per acre for approved subdivisions/site plans

AMOUNT OF FEE 0

Reviewed by _____

Approved _____ Date 3/14/01

Township Engineer

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER 955 Rosewood ave DATE 3-30-00

PROPERTY ADDRESS Sam Reynolds BLOCK 525 LOT 12

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	2 ( )	7 ( )	( )
2:KITCHEN GROUP	1 ( )	2 ( )	( )
3:WATER CLOSETS	( )	( )	( )
4:LAVATORY	( )	( )	( )
5:BATH TUB	( )	( )	( )
6:SHOWER STALL	( )	( )	( )
7:KITCHEN SINK	( )	( )	( )
8:SERVICE SINK	( )	( )	( )
9:LAUNDRY TRAY	( )	( )	( )
10:DISHWASHER	( )	( )	( )
11:WASHING MACHINE	1 ( )	4 ( )	( )
12:URINAL	( )	( )	( )
13:FLOOR DRAIN	( )	( )	( )
14:DRINK FOUNTAIN	( )	( )	( )
15:AIR COND WATER COOLED	( )	( )	( )
16:DENTAL UNIT	( )	( )	( )
17:LAWN SPRINKLE	( )	( )	( )
18:FIRE SPRINKLE	( )	( )	( )
19:HOSE BIBS	2 ( )	3.5 ( )	( )

TOTAL 16.5 _____

GALLONS PER MINUTE 14

SIZE OF SERVICE 3/4"

DATE: 3-30-00 APPROVED: _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Frederick J. Underwood, Sr. - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

DEPARTMENT OF ADMINISTRATION & FINANCE

OFFICE OF THE TAX COLLECTOR
Jo Ann R. Lambusta, CTC
Tax Collector
(732) 262-1021
Fax: (732) 477-3746
http://www.twp.brick.nj.us

Receipt For Public Works Garbage Can Deposit

Date: 7-20-00

Block: 525 Lot: 12

Property Address: 955 ROSEWOOD

CK# 4735

Date of Payment: 7-20-00

Tax Collectors Office

INSPECTOR: K Shafer

DATE: 7-19-00

JOB: —

SECTION: Cedarwood Park

TYPE OF WORK: Final

WEATHER: Sct Showrs

LOCATION: 955 Rosewood

TEMPERATURE: 70°'

BLOCK: 525

LOT: 12

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

ok KJS 7/19/00

☐ 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.

Certificate of Occupancy Single Family Dwelling

Location 955 Rosewood Ave Block 525 Lot 12

Final Inspections needed as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Report of Compliance, Ocean County Soil
8. Home Owners Warranty (HOW) or Affidavit by Owner

Certificate of Approval Additions and Alterations

Final inspections on all the Technical Sections that were paid for Building, Plumbing, Fire, and Electrical.

Report of Compliance from Ocean County Soils needed when; more than 5000 square feet are disturbed, almost always when more than 1 house is constructed as in Major and Minor Subdivisions. Affordable Housing when applicable. Stamped in Red when review is needed.

	FINALS	FINALS	FINALS
Building	Approved.	7/17/00 OK	
Plumbing	Approved.	7/17/00 OK	
Fire	Approved.	7/17/00 OK	
Electric	Approved.	7/17/00 OK	
Ctf of Comp BTMUA	Approved.	7/20/00 OK	
HOW	Approved.	143479 DCA	
Engineering	Approved.	7/19/00 OK	
Soil	Approved.	N/A	
Affordable Housing	Approved.	EXEMPT	
Commercial Occupancy Load	Completed		
Public Works Garbage Can Receipt	Received	OK	
Application for CO	Completed	OK	

BLOCK

LOT

ADDRESS

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 7/20/00

NAME Kristi Shay Const.

ADDRESS 63 Channel Dr.

PROPERTY LOCATION 955 Rosewood Ave.

Account No. I743207 Block 525 Lot 12

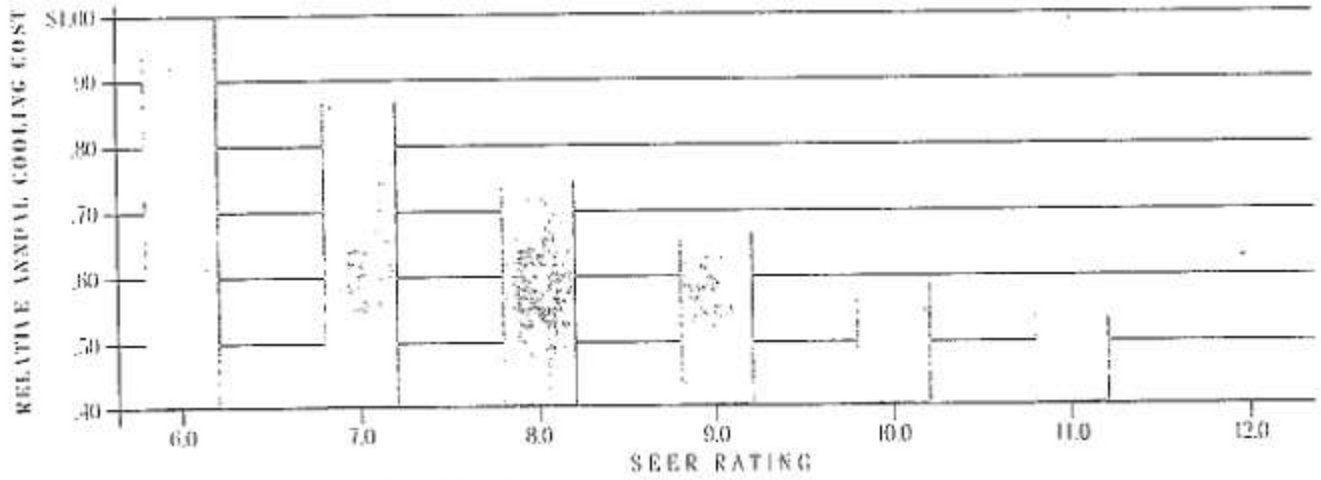
I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Carol Lundell

HOW MUCH CAN I SAVE?

Comparable Annual Operating Cost

COOLING OPERATION REGION IV 3 TON UNIT



[illegible] that these dollar figures reflect the relative cost of operation for the various efficiencies.

[illegible] $100 cost per year operating a 6 SEER system would only spend approximately 60¢ operating a 10 SEER system.

DELUXE HIGH EFFICIENCY SPECIFICATIONS

MODEL	COOLING CAPACITY RANGE (BTUH)	SEER RANGE	DIMENSIONS W x D x H
AG018GB	17,500 – 18,500	10.9 – 11.7	23 ½ x 23 ½ x 25 ½
AG024GB	22,800 – 24,800	10.0 – 11.3	23 ½ x 23 ½ x 25 ½
AG030GB	28,000 – 30,000	10.0 – 11.3	23 ½ x 23 ½ x 25 ½
AG036GB	33,600 – 36,000	10.0 – 11.6	23 ½ x 23 ½ x 31 ½
AG042GB	39,500 – 42,500	10.0 – 11.5	30 x 30 x 27 ½
AG048GB	43,000 – 47,000	10.0 – 11.6	30 x 30 x 35 ½
AG060GB	54,500 – 60,000	10.0 – 11.2	30 x 30 x 37 ½

[illegible] SEER ratings listed by model or match. Contact your local dealer for complete details. Continuing research and development results in steady improvement — specifications subject to change without [illegible]

[illegible] Your local dealer for important energy cost and efficiency information before purchasing any major appliance.

All systems tested and listed by the appropriate testing agencies

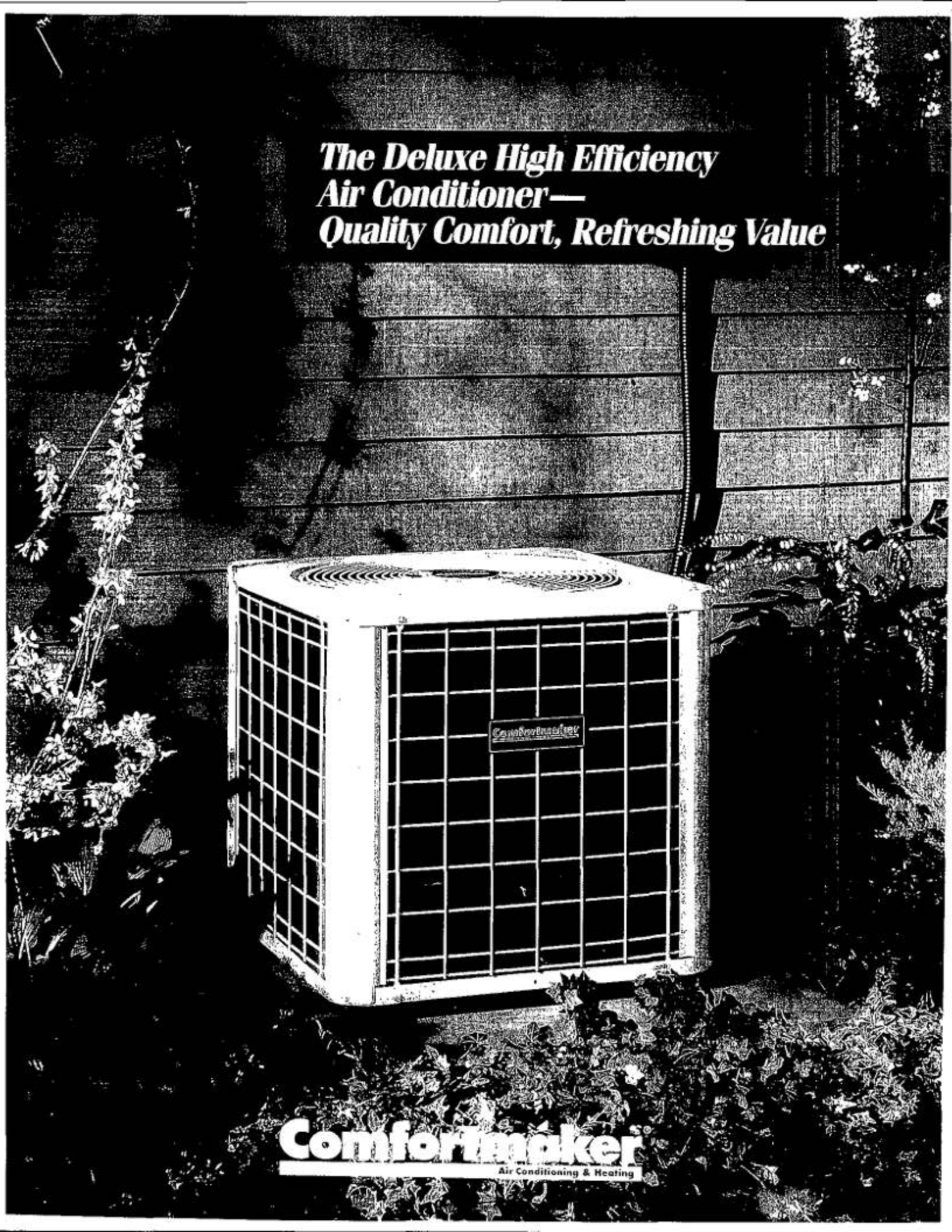
WHEN YOU WANT
HIGH QUALITY HOME COMFORT,
ASK FOR IT BY NAME.

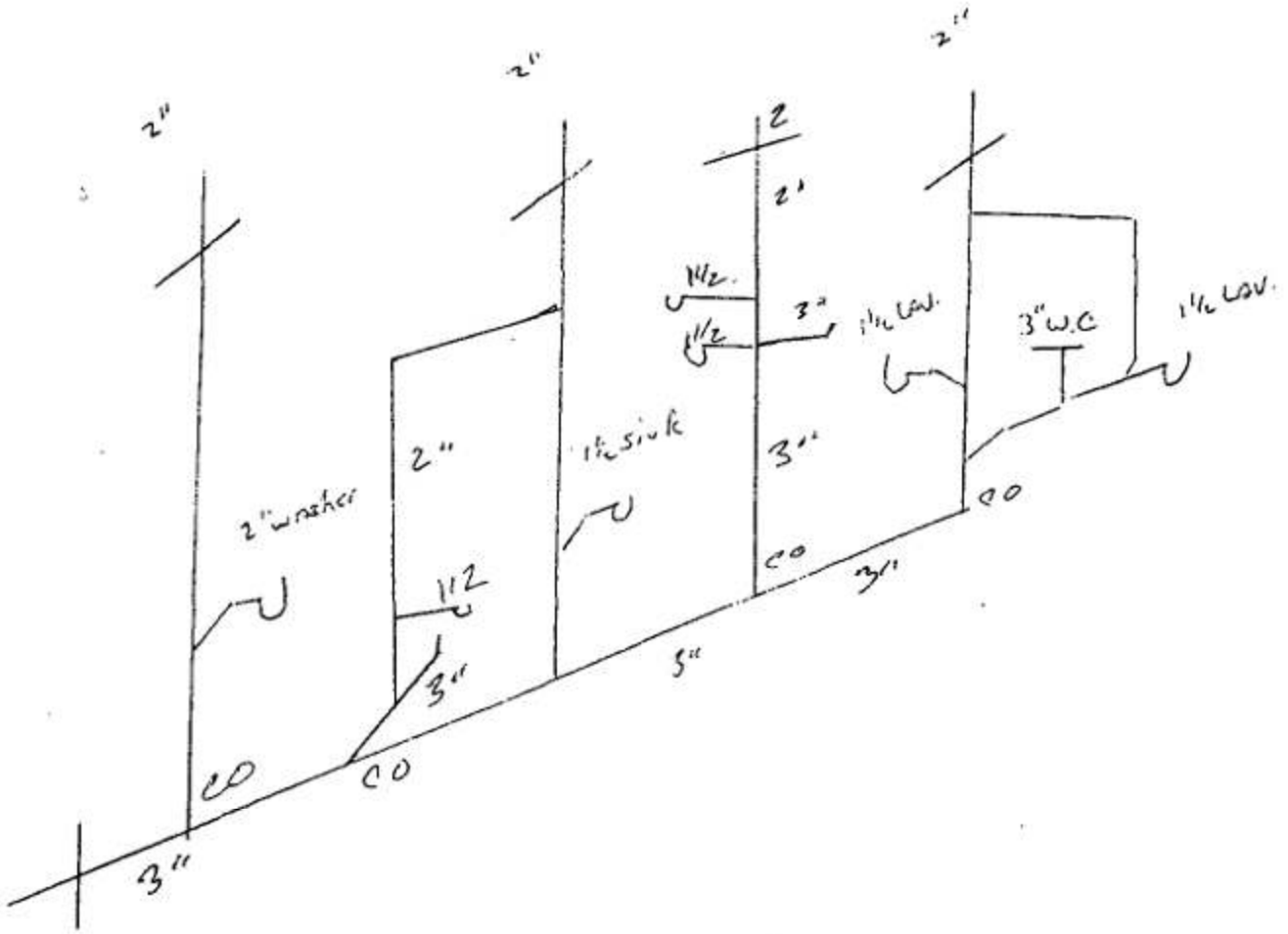
Comfortmaker®
Air Conditioning & Heating

[illegible] Oxford Avenue
Lewisburg, TN 37091
www.comfortmaker.com/comfortmaker

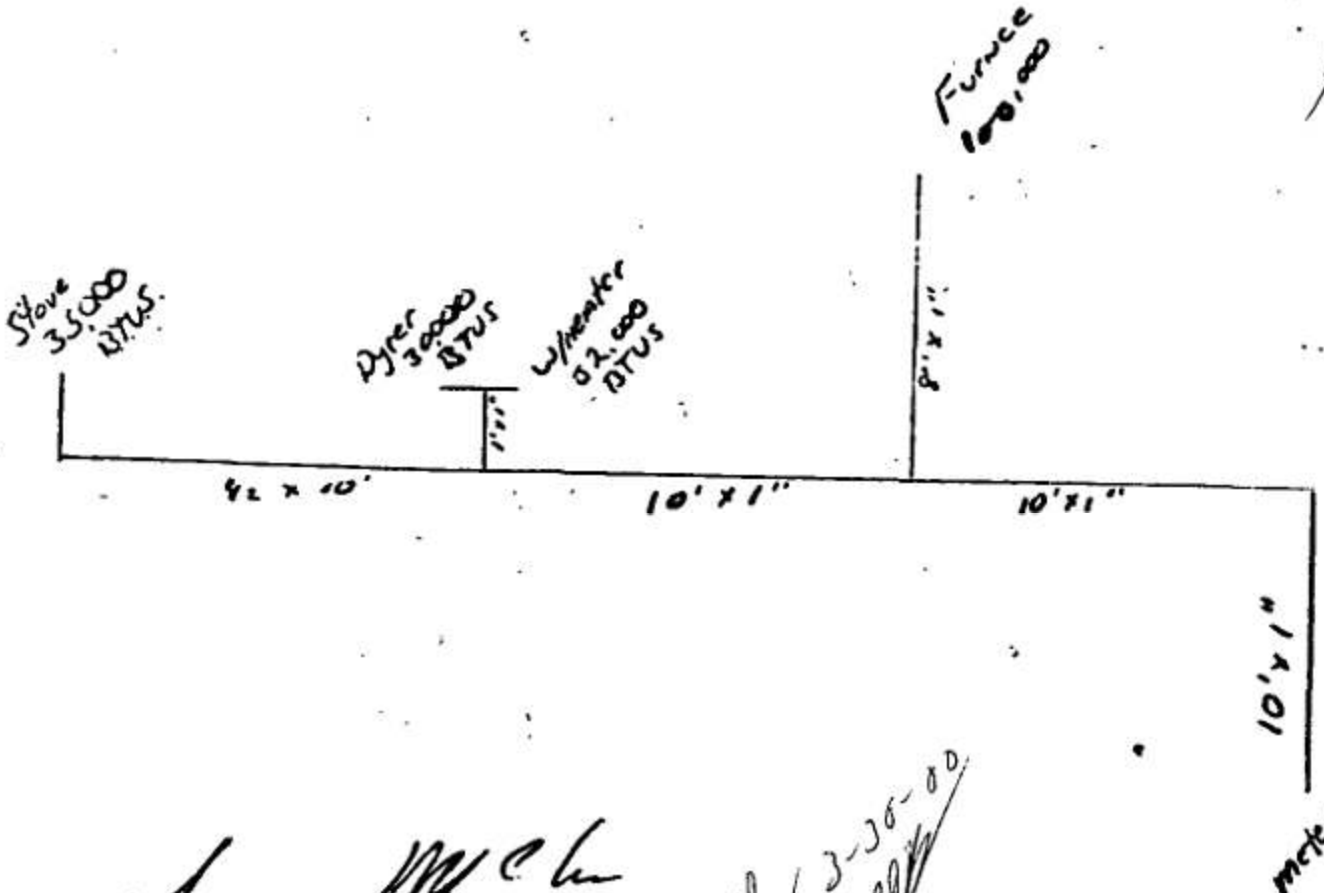
V1.5(pp)

Part No. 421-42-1102-01 Printed 6/97


The Deluxe High Efficiency
Air Conditioner—
Quality Comfort, Refreshing Value
Comfortmaker
Air Conditioning & Heating


2"
2"
2"
2"
2"
1½
3"
1½
1½ LAV.
3" W.C
1½ LAV.
2" washer
2"
1½ sink
3"
1½
3"
5"
3"
CO
CO
CO
CO
3"

Rosewood Ave 2 story Colonial
Lot 12 Blk 525



40'
197.000

Jeanne McClain

Billy 3-16-00

Site Location: 955 Rosewood Ave.
Block: 525 Lot: 12
Owner's Name: Sam Reynolds
Owner's Mailing Address: 63 Channel Dr, Brick, NJ. 08724
Phone: ([redacted]

BUILDING

Contractor: Kristi Shay Construction
Address: 63 Channel Dr.
Brick, NJ. 08723
Phone#: 477-4665
Lis # 26379
Federal Emp # or SSN 22-3598180

Technical Data

Description of Work:

SF Dwelling on crawl w/(a) deck.

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present: _____ Proposed: R-3
No of Stories: 2
Height of Structure: 30'
Area of the largest floor: 954
Area of New Building: 1828
Volume of Structure: 27395
Total Land Disturbed: _____

Estimated Cost of Building Work: 34,000.-
1,000.- allegation deck

Signature: see fire signature
Please Print Name _____

ELECTRICAL

Contractor: Dickson Electric
Address: 347 Drum Point Rd.
Brick NJ. 08723
Phone#: 920-6441
Lis #: 8392
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	20
Receptacles	69
Switches	26
Detectors	7
Light Poles	
Motors w/ Fract. HP	2
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	115

Pool		
Spa/Hot Tub/Storable Pool		
Electric Range		KW
Oven/Surface Unit		KW
Electric Water Heater		KW
Electric Dryer		KW
Dishwasher	1	KW
Garbage Disposal		HP
A/C Unit –Central Air	1 5	KW
Space Heater/Air Handler	1 3	KW
Baseboard Heating		KW
Motors 1+ HP		
Transformer/Generator		KW
Light Stander		AMP
Service	1 100	AMP
Subpanel		AMP
Motor Control Center		AMP
Sign/Outline Light		KW
Furnace		
Steam Boiler		
Other:		

Estimated Cost of Electrical Work: $2500.-

Signature: [signature]

Contractor: McCrea P & H
Address: 988 Rosewood Ave.
Brick NJ. 08723
Phone #: [redacted]
Lis #: 6623
Federal Emp # or SSN [redacted]

Contractor: Kristi Shay Const.
Address: 63 Channell Dr
Brick NJ. 08723
Phone #: 477-4665
Lis #: 26374
Federal Emp # or SSN 22-3528180

Technical Data

Fixtures	Quantity
Water Closets	2
Urinals/Bidets	
Bath Tub	1
Lavatory	3
Shower	1
Floor Drain	
Sink	1
Dishwasher	1
Drinking Fountain	
Washing Machine	1
Hose Bib	2
Gas Piping	1
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	1
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work $3500.-

Signature: James McCrea

Please Print Name:

CONTRACTOR'S SEAL

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

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

Flammable Storage Tanks ____ capacity ____ fuel
Combustible Storage Tanks ____ capacity ____ fuel
LPG Storage Tanks ____ capacity ____ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	7
Heat Detectors	4
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances 2

Furnace 1 1
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work $100.-

Signature:

Certificate of Participation

in the New Home Warranty Security Fund

Community Affairs

Owner ☐ Check if for Common Elements*

1 Louis + Theresa Sequeira

Name of Owner who will be first resident. *When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

Registered Builder-Warrantor**

2 Kristi-Shay Construction

Name

63 Channel Drive

Street and Number (Mailing Address)

Brick N.J. 08723

City Code

Phone Numb [redacted]

NJ Builder Registration Number 26379

Print Builder Name Samuel Reynolds

Samuel Reynolds

Registered Builder's Signature

***Where title is transferred, the seller must be the registered builder and warrantor.*

New Dwelling Location

3 955 Rosewood Ave.

Street Name and Number

Building Number Unit Number Total Number of Units in Building

Brick N.J. 08723

City Zip Code

525 12

Block Number Lot Number

Brick Township Ocean

Municipality County

Commencement Date of Warranty

4 Commencement Date*** 7 17 00

Month Day Year

****The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.*

Premium Payment

5 a.

Selling Price***** $ $169,900.00

Amount of Premium $ 541.99

(Rate 00319 x Selling Price)

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

A premium payment is not required if this certificate is for common elements in a condominium development.

b.

☐ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:

For Office Use Only

Total Contract Price _____

Amount of Premium $ _____

(1.25 x Total Contract Price x Rate _____)

FHA Mortgage

6 ☐ Check if FHA Mortgage

FHA Case Number ☐☐☐–☐☐☐☐☐☐

☐ Check if VA Mortgage

VA Case Number _____

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8

- ☒ Single family detached (101)
- ☐ Townhouse (102)
- ☐ Two Family (103)
  - ☐ Side by Side
  - ☐ Top/Bottom
- ☐ Condominium - *three or four units in each building* (104)
- ☐ Condominium - *five or more units in each building* (105)

Construction Type (check one)

9

- ☐ Premanufactured (industrial or modular) (M)
- ☒ Conventional Construction (C)

Stories

10 Number of stories 2

Owner Type (check one)

11

- ☐ Condominium or Cooperative (C)
- ☐ Homeowners' Association - fee simple (H)
- ☒ No Homeowners' Association - fee simple (N)

PRED

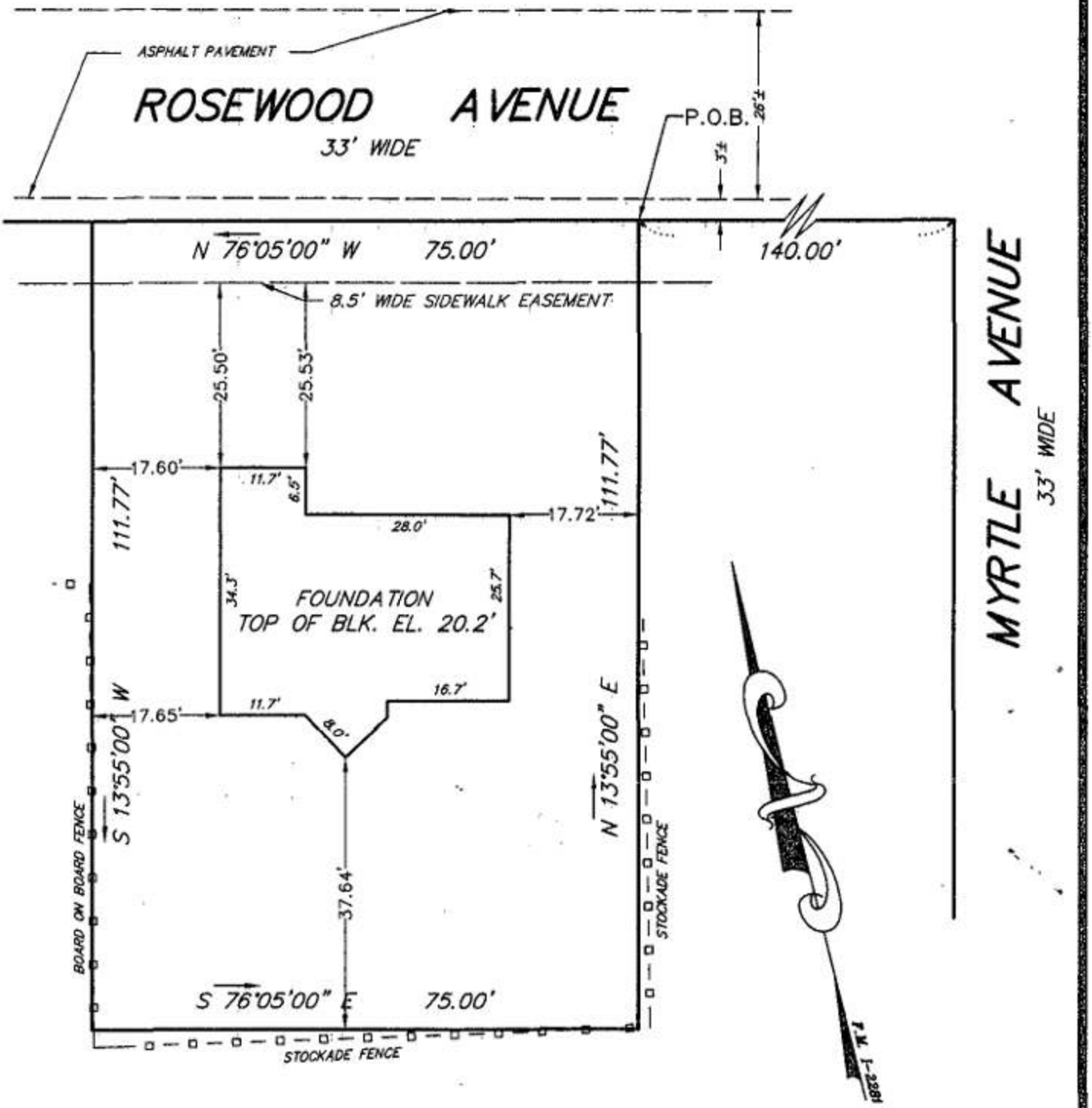
12 PRED Registration or Exemption Number (R or E)

_____

Note: See reverse side for assignment of property.

Note to Owner:

VALIDATION STAMP



P.Q. IS FLOOD HAZARD ZONE C AS PER
F.I.R.M. #345285-0004
ALSO KNOWN AS LOT 12 BLOCK 525 ON
THE BRICK TOWNSHIP TAX MAP.

REVISED 5/4/00 - FOUNDATION LOCATION

OK
FM
5-4-00

SURVEY OF PROPERTY

LOT 12 BLOCK 525.31

MINOR SUBDIVISION LOT 23.2 BLOCK 548.A & LOTS 7-15 BLOCK 525.31

BRICK TOWNSHIP

OCEAN COUNTY NEW JERSEY

Filed Map No. I-2281 DATE FILED 3/29/90

THIS SURVEY IS CERTIFIED AS HAVING BEEN PREPARED UNDER MY DIRECT SUPERVISION TO:
KRISTI SHAY CONSTRUCTION

MORRIS & GLASGOW, INC.
LAND SURVEYING & PLANNING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732-899-0965

3/07/00

ROBERT H. MORRIS Date

ELECTRICAL SUBCODE

CONTRACTOR: Dickson Electric
ADDRESS: 347 Drumpoint Rd.
[redacted]
PHONE: [redacted]
LIC. #: 8392 EX
FEDERAL EMPL. #: (or S.S. #): [redacted]

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle	KW	
KW Oven / Surface Unit	KW	
KW Elec. Water Heater	KW	
KW Elec. Dryer / Receptacle	KW	
KW Dishwasher	KW	
HP Garbage Disposal	HP	
KW Central A/C Unit	KW	
HP/KW Space Heater/Air Handler	HP/KW	
KW Baseboard Heat	KW	
HP Motors 1/+ HP	HP	
KW Transformer/Generator	KW	
AMP Service	AMP	
AMP Subpanels	100 AMP	
AMP Motor Control Center	AMP	
AMP Elec. Sign/Outline Light	KW	
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $ 550.00
Signature (print name): James C. Dickson
Estimated Cost of Electrical Work: $
Signature (print name): James C. Dickson
Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

Flammable Liquip Storage Tanks Capacity: Fuel
Combustable Liquid Storage Tanks Capacity: Fuel
L.G.P. Storage Tanks Capacity: Fuel

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $

Chambers Bridge Road
k, New Jersey 08723
732-262-1027

Site Location: 525 Block: 12 Lot:
Owner in Fee: Kristi Shey
Address: 93 Channel Dr.
State: Brick Zip: 08723 Phon [redacted]
SS #:

Date Issued:
Control #:
Permit #: 00-0909

DIV. OF INSPECTION

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

stimated Cost of Plumbing Work: $
gnature:

ner ☐ Contractor ☐
BCODE APPROVAL:
ANS: Required ☐ Approved ☐
proved by:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

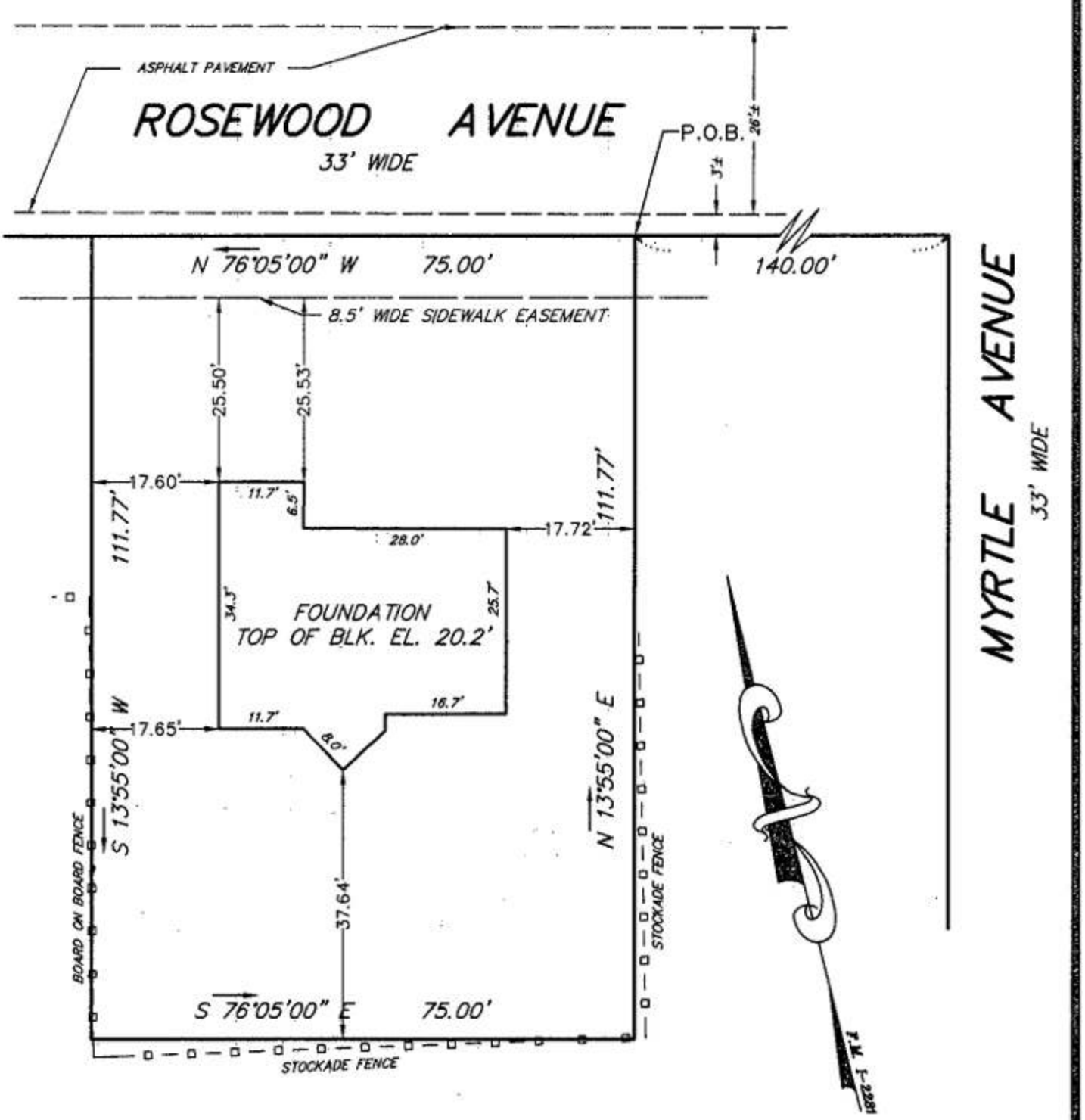
TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $



P.Q. IS FLOOD HAZARD ZONE C AS PER
F.I.R.M. #345285-0004
ALSO KNOWN AS LOT 12 BLOCK 525 ON
THE BRICK TOOWNSHIP TAX MAP.

REVISED 5/4/00 – FOUNDATION LOCATION

SURVEY OF PROPERTY

LOT 12 BLOCK 525.31

MINOR SUBDIVISION LOT 23.2 BLOCK 548.A & LOTS 7-15 BLOCK 525.31

BRICK TOWNSHIP

OCEAN COUNTY NEW JERSEY

Filed Map No. I-2281 DATE FILED 3/29/90

THIS SURVEY IS CERTIFIED AS HAVING BEEN PREPARED UNDER MY DIRECT SUPERVISION TO:
KRISTI SHAY CONSTRUCTION

MORRIS & GLASGOW, INC.
LAND SURVEYING & PLANNING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732-899-0965

3/07/00

ROBERT H. MORRIS Date

New Jersey Lic. Professional Land Surveyor No. 30090

TOWNSHIP OF BRICK

955 Rosewood Ave | 525 | 12

Work Site Address | Block | Lot

Sam Reynolds 63 Channel Dr., Brick, NJ. 08723

Owner's Name, Address, Phone

Kristi Shay Construction 63 Channel Dr, Brick, NJ 08723

Contractor's Name, Address, Phone

Construction SF Dwelling

Describe type (Single family home, etc.)

Demolition

Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material

Name, address and phone of party responsible for removal of debris:

H. Sindel, Howell, NJ.

Size of dumpster:

Destination of discarded debris: Ocean County Landfill

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Sam Reynolds | Sam Reynolds | Date

Printed/Typed Name | Signature

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUE

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

BLOCK 525 LOT 12 DATE RECEIVED

PROPERTY ADDRESS 955 Rosewood Ave.

APPLICANT Sam Reynolds PHONE [redacted]

ADDRESS 63 Channel Dr. Brick, NJ. [redacted]

CONTRACTOR Kristi Shay Const. PHONE [redacted]

ADDRESS 63 Channel Dr, Brick, NJ. 08723

TYPE OF WORK SF Dwelling ZONING APPROVAL

FLOOD ZONE FLOOD ELEV.

PANEL # MAP # DATE

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVED YES NO

		YES	NO	N/A
1.	PLAN SIGNED & SEALED	X		
2.	SCALE OF NOT LESS THAN 1"-50'	X		
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES) "C11"	X		
4.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	X		
5.	STREET GUTTER, CURB & CENTER LINE ELEVATIONS	X		
6.	CONTOURS; 1' INCREMENTS	X		X
7.	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS	X		
8.	PROPOSED GRADING/ELEVATIONS			
9.	GARAGE/1ST FLOOR/CRAWLSPACE/BASEMENT ELEVATIONS	X		
10.	PROPOSED DWELLING, DIMENSIONS & CORNER ELEVATIONS	X		
11.	METHOD OF DRAINAGE			
12.	NORTH ARROW	X		
13.	DRIVEWAY WIDTH/TYPE	X		
14.	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES	X		
15.	PROPERTY ADDRESS/LOT & BLOCK NUMBER	X		
16.	SIDEWALK, CURB AND APRONS			X
17.	PARKING AREAS	X		
18.	UTILITY & CONNECTIONS; WATER/SEWER/GAS/ELECTRIC	X		
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS			X
20.	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH	X		
21.	LIMITS OF CLEARING	X		
22.	BASEMENTS/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS			X
23.	PRIOR APPR: ARMY CORP/NJDEP/SOIL EROSION, ETC.			X
24.	EXISTING STRUCTURES	X		
25.	RETAINING WALLS/SERVICE WALKS/OTHER MISC. ITEMS			X

PLOT PLAN REVIEW

APPROVED 3/23/20 REJECTED

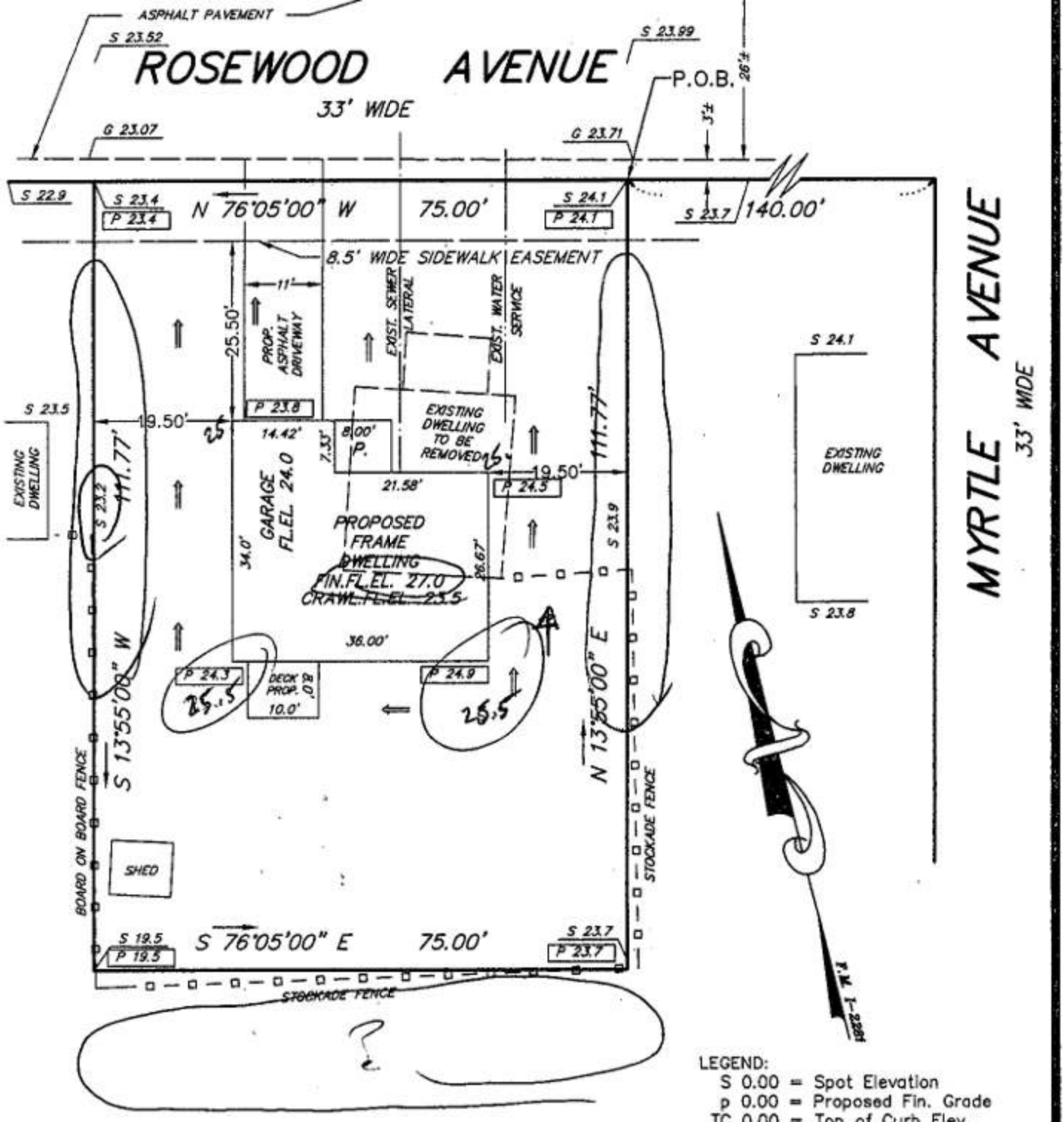
SIGNED 3/23/20 DATE

REVISION

APPROVED REJECTED

SIGNED DATE

COMMENTS



LEGEND:
S 0.00 = Spot Elevation
p 0.00 = Proposed Fin. Grade
TC 0.00 = Top of Curb Elev.
G 0.00 = Gutter Elev.
——→ = Direction of Runoff
Elevations refer to N.G.V.D. 1929

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