Called 7/26/94 MD

BLOCK 210 & 21 LOT 24, 25, 26 ADDRESS (SITE) 43 Rialto Drive Brick PERMIT NO. 2129-94

RECEIVED JUN 30 1994

CALLED 7-25-94 AA

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: Dennis & Carol Rourke 43 Rialto Dr
2. Name of Owner in Fee: Dennis & Carol Rourke Tel. [redacted]
   Address 43 Rialto Drive (street) Brick (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: New Central Const Tel. (908) 364-8483
   Address 355 New Central Ave Lakewood, N.J. 08701
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work George Riviere Tel. (908) 364-8483

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 19		
2. Electrical			
3. Plumbing	25		
4. Fire Protection	46		
5. Other			
6. Subtotal	90		
7. Less 20% for State Plan Review	9		
8. Subtotal	$		
9. DCA Training Fee	3		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 120		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 14 ft.	
3. Area—Largest Floor 168 sq. ft.	168
4. Building Area—All Floors 675 sq. ft.	
5. Volume of Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	2100
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	19,300.
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	1,800.
8. ☒ Electrical	1,200.
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	22,300

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			7/20/94				
			7/22/94		11/21/94		
	7/6/94	7/6/94	7/14/94				

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:

FLOOD ZONE

LDS BR 10406584

2010

UCC Form 1-100A

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

(X) Check if contractor.

Agent Name New Central Const

Address 355 New Central Ave
Lakewood, NJ 08701

Telephone (908) 364-8483

Signature _____ Date 6/27/94

George Riviere

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Planning Board							X	X
☐ Zoning Board			X	X	X	X	X	X
☐ Sewer Authority							X	X
☐ Water Authority							X	X
☐ Fire Department					X	X	X	X
☐ Police Department			X	X	X	X	X	X
☐ Health Department					X	X		
☐ Soil Conservation							X	X
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X		
☐ N.J. Department of Transportation	X	X	X	X	X	X		
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X		
☐ Utility Dig No.			X	X	X	X	X	X
☒ Other Zoning	JK	7/7/94	add.					
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. - EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 7/28/94
Control #
Permit # 2129-94

NTIFICATION Block 210.21 Lot 24-26

rk Site Location 43 Rialto N

Contractor Flow Control Con

Address

ner In Fee Dennis Paanke

dress Som NJ

Tele. ( )

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

e. ( )

Federal Emp. No.

or Social Security No.

hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION

SCRIPTION OF WORK:

addition

168
2100

PAYMENTS (Office Use Only)	
Building	19 -
Plumbing	25 -
Electrical	
Fire Protection	46
Other	
Other	
DCA Training Fee	3
Cert. of Occ.	20
Other	
Total	122 -
Check No.	#152
Cash	0
Collected By:	

2129 BLOCK 210.21 LOT 24 # BUILDING PLUMBING FIRE PLAN REV DECK DECK D.C.A C/O TOTAL CHECK CHANGE

07/28/94 NO. 5 0012A005

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

mated Cost of Work $ 22300.00

CONSTRUCTION OFFICIAL

C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7/28/94
Control #
Permit # 2129-94

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

Block 210-B-21 Lot 24, 25 & 26
Work Site Location 43 Rialto Drive Brick, NJ.
Owner in Fee Dennis & Carol Rourke
Address 43 Rialto Drive Brick NJ
Tele [redacted]
Contractor New Central Const.
Address 355 New Central Ave. Lakewood, NJ 08701
Tele (908) 364-8483
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

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: addition on Back of House 25x27'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

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

(Office Use Only)
FEE
$

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

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

2 Matt Pl
WILL CALL
Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

SEP 9 94 0 0 8 2 3 2

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

Block 210-B7 Lot 124, 25 & 26
Work Site Location #3 Matto Drive
Brick, NJ
Owner in Fee Carol & Dennis Ravets
Address Same

Te[redacted]
Contractor R.F. ELECTRICAL SERVICE
Address 42 NEPTUNE RD.
Toms River NJ
Tele. (908) 255-3541
Lic. No. 11395
Federal Emp. No. ______ or Social Security [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed Addition
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. JCPL
Est. Cost of Elec. Work $ 500.

JOB SUMMARY (Office Use Only)

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

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

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

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.

Robert [signature]
Signature Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $ ______
Paid [ ] Check # 185 Minimum Fee $ ______
DCA Training Fee $ ______
Collected by: ______ TOTAL FEE $ 40.-

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/28/94
Date Issued
Control #
Permit # 2139-94

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

Block 210-B-42.1 Lot 24, 25 & 26
Work Site Location 43 RIALTO Drive
Brick NJ
Owner in Fee Carol & Dennis ROURKE
Address Same
[redacted]
Contractor K.I.T. Electrical Service
Address 42 Norton Rd
Toms River NJ 08753
Tele. (908) 255-3541
Lic. No. 11595
Federal Emp. No. [redacted] or Social Security N

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing
Type [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date 7/22/94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				7/28/94
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Robert Frore
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source 46
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks X ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
orage Tanks ( ) Capacity Fuel

	Number
Wet Sprinkler Heads	
Dry Sprinkler Heads	
TOTAL	
Smoke Detectors AC Battery Backup	5
Heat Detectors	
TOTAL	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
CO_2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
OTHER	

FEE (Office Use Only)

46

46 -

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

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Slab

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7/28/94
Date Issued
Control #
Permit # 2129-94
1 New Bathroom

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

Block 210-B-21 Lot 24, 25 & 26
Work Site Location 43 Rialto Drive
Brick, NJ.
Owner in Fee Carol & Dennis Rourke
Address 43 Rialto Drive
Brick NJ
Tele. [redacted]
Contractor Pons Plumbing
Address P.O.B. 471
Toms River
Tele. ( ) 505-6803
Lic. No. 7922
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4"
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7/29/94
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved by:
Date: 11-21-94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			8-16-94	
Rough			10-4-94	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Donald P. Kiebates
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5
—	Urinal/Bidet	—
—	Bath Tub	—
1	Lavatory	5
1	Shower	5.
1	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 A/C or Refrigeration Unit	—
	Sewer Connection	—
	Water Service Connection	—
	Gas Service Connection	—
	Active Solar System	—
	Other vent	10
	Administrative Surcharge	$ 25.
	Paid [ ] Check # _____ Minimum Fee	$ _____
	Collected by: _____ TOTAL	$ _____

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7/28/94
Date Issued
Control #
Permit # 2129-94
1 New Bathroom

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

Block 210-B-21 Lot 24, 25 & 26
Work Site Location 93 Rialto Drive
Brick, N.J.
Owner in Fee Carol & Dennis Roucke
Address 93 Rialto Drive
Brick, NJ
Tele. [redacted]
Contractor Pons Plumbing
Address P.O.B. 471
Toms River
Tele. ( ) 505-6803
Lic. No. 7922
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4"
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7/29/94
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
				7/29/94

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.

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

Signature-Contractor-Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5
1	Shower	5
	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 A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other Vent	10
	Administrative Surcharge	$ 25.
	Paid [ ] Check # _____ Minimum Fee	$
	Collected by: _____ TOTAL	$

U.C.C. Form F-130A

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Municipal Engineer
(908) 477-3000, Ext. 273

TO: Municipal Engineer.

DATE: 6/27/94

I Dennis Rourke of 43 Biolta Drive Brick
(Name - Please Print) (Address)

The property YES is located
____ is not located in a flood zone.

BLOCK: 210-B-25 LOT: 24, 25 & 26

Request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B.

Phone No. 920-0146

Signed by Applicant

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

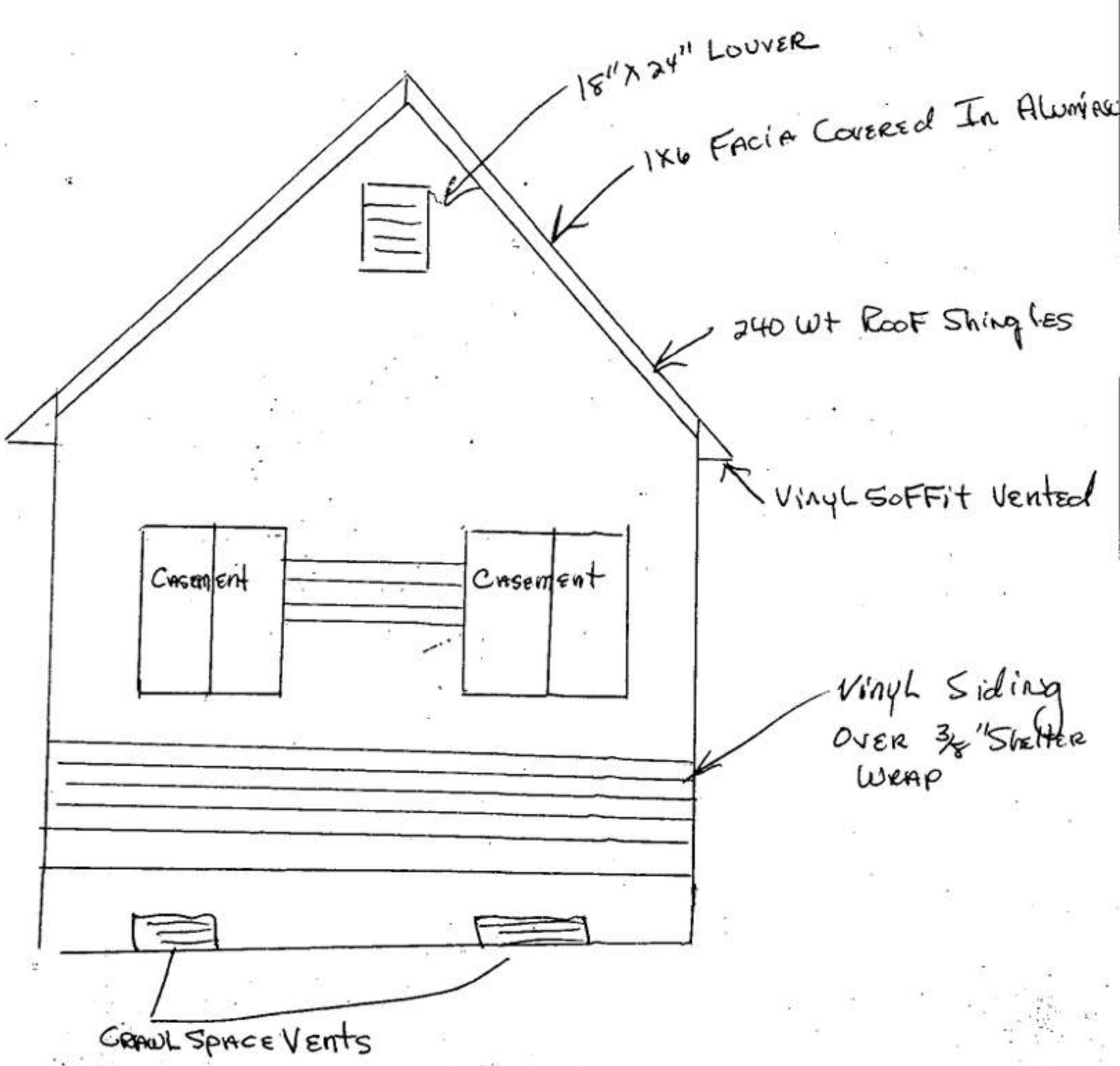
NOTE: Any excavations to be removed from the Township requires a mining permit.

Approved Date: 7/19/94 By [illegible]

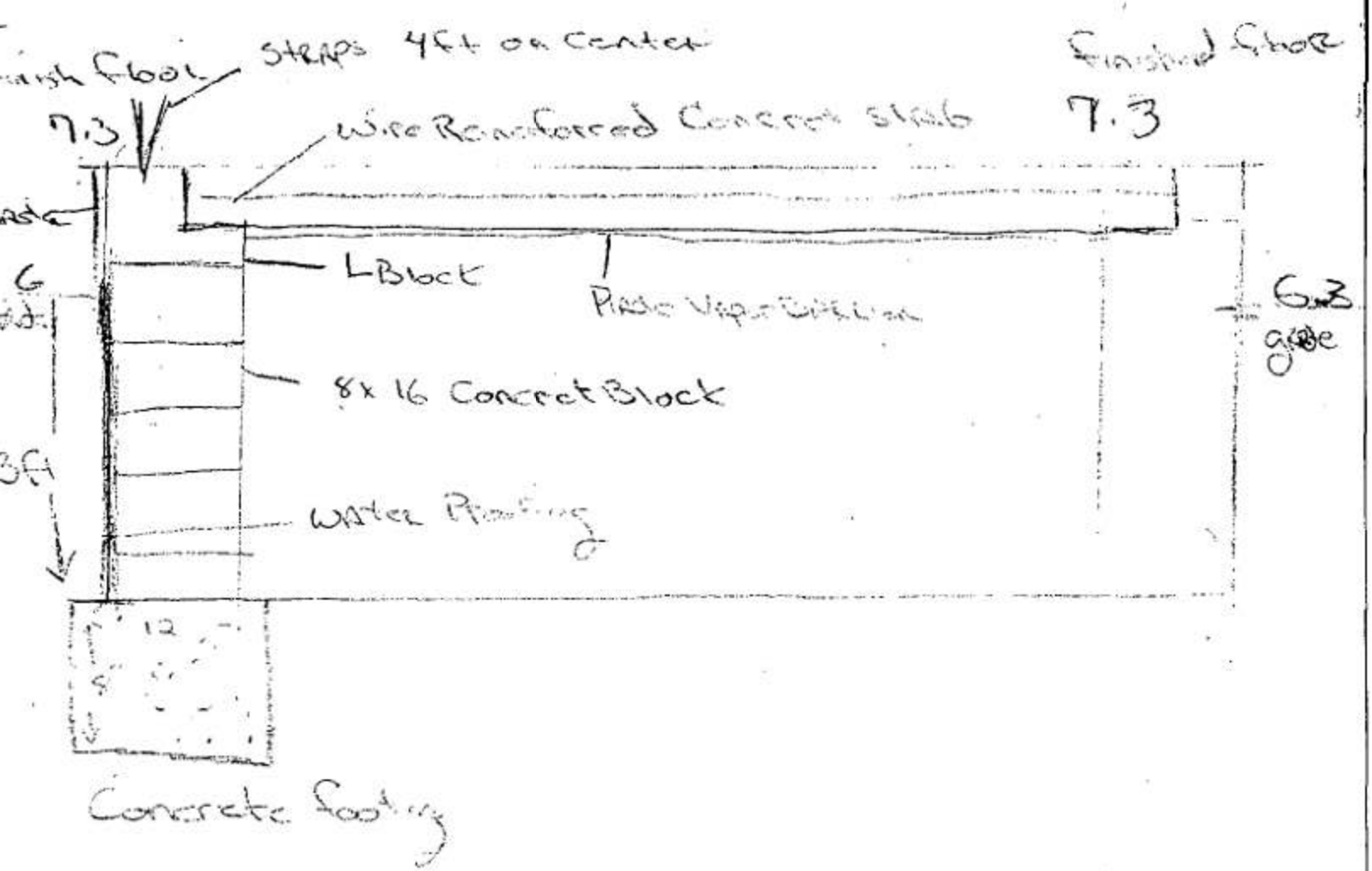
Rejected Date: 7/6/94 By [illegible]

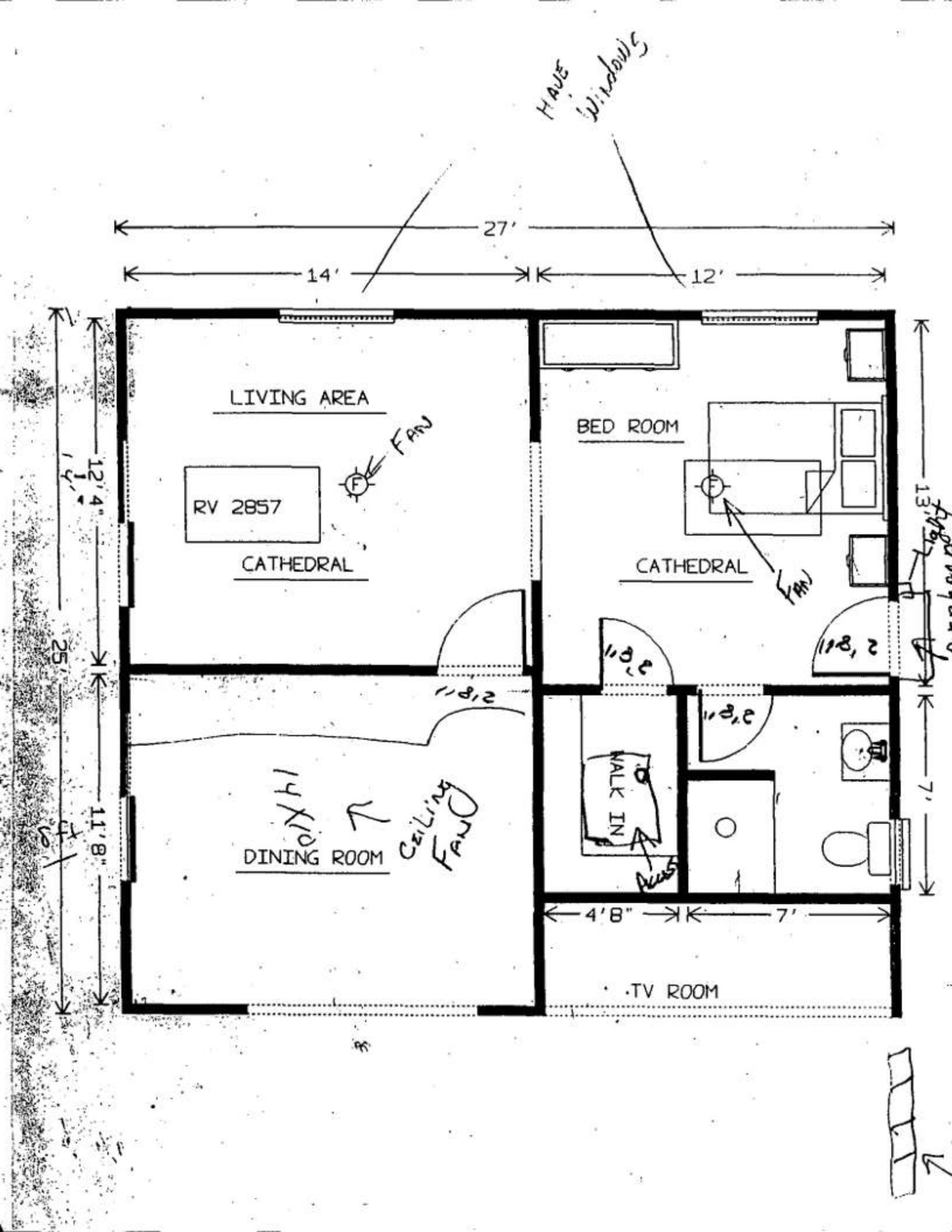
Remarks: _____

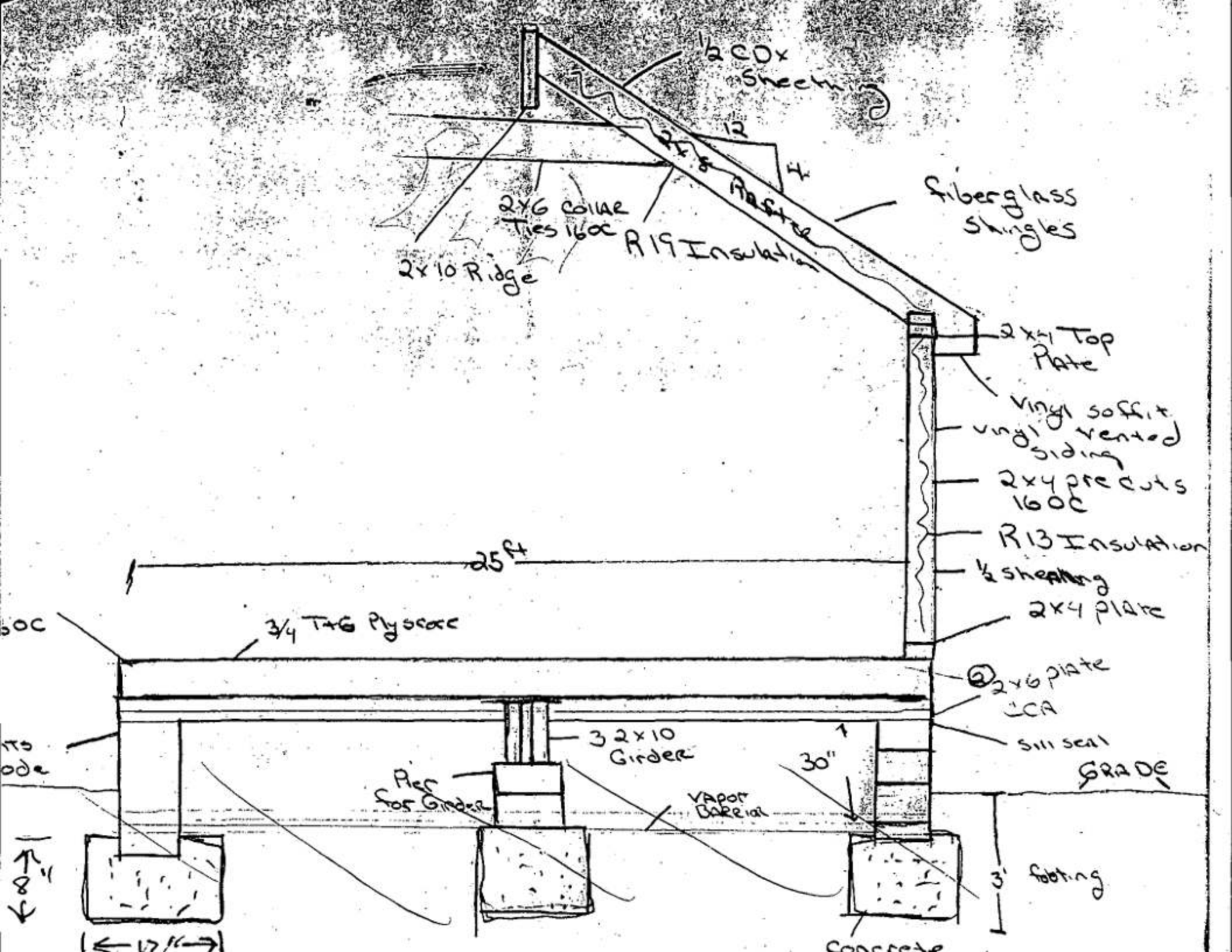
FLOOD ZONE AE-6

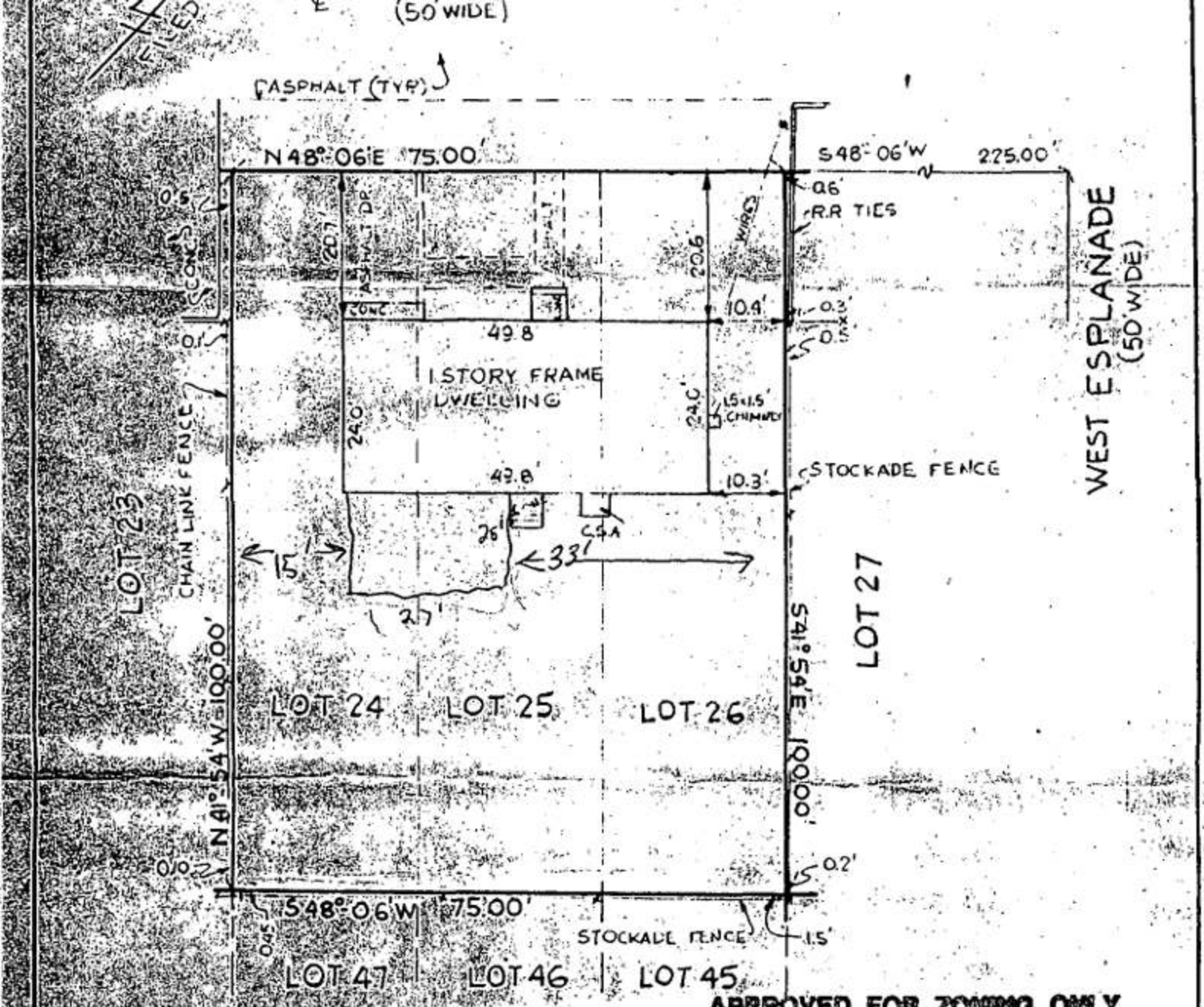

18" X 24" LOUVER
1X6 FACIA Covered In Alumi
240 Wt ROOF Shingles
VinyL SoFFit Vented
Casement
Casement
Vinyl Siding
OVER 3/8" Sheeter
WRAP
CRAWL SPACE VENTS

Revised
Foundation Plan
6/16/94




HAVE Windows
27'
14'
12'
LIVING AREA
FAN
RV 2857
CATHEDRAL
BED ROOM
CATHEDRAL
FAN
DINING ROOM
Ceiling Fan
WALK IN
4'8"
7'
TV ROOM
12'4"
25'
11'8"
13'


½ COx Sheeting
12
4
2x6 Rafter
2x6 collar Ties 16oc
R19 Insulation
2x10 Ridge
fiberglass shingles
2x4 Top Plate
vinyl soffit
vinyl vented siding
2x4 precuts 16oc
R13 Insulation
½ sheathing
2x4 plate
25ft
3/4 T+G Plywood
2x6 plate PCA
sill seal
3 2x10 Girder
Pier for Girder
30"
GRADE
VAPOR BARRIER
3' footing



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE 7/10/94 Sean Kinnevy
add'l for

THE CERTIFICATION OF THIS SURVEY ON THE DATE SHOWN IS LIMITED TO THE BELOW NAMED PARTIES FOR THE PURCHASE AND/OR MORTGAGE OF THE HEREIN DELINEATED PROPERTY. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE CERTIFYING SURVEYOR AND/OR FIRM FOR USE OF THE SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF THE SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, AND DIRECT OR INDIRECT USE BY ANY PARTY NOW SHOWN IN THE CERTIFICATION.

ALSO KNOWN AS TAX LOT 24 IN BLOCK 210 B-21

Certified to:
Denis & Carol Rorke
Manchester Financial Group
New Jersey Realty Title Insurance Company
Anna-Maria Pittella, Esq.

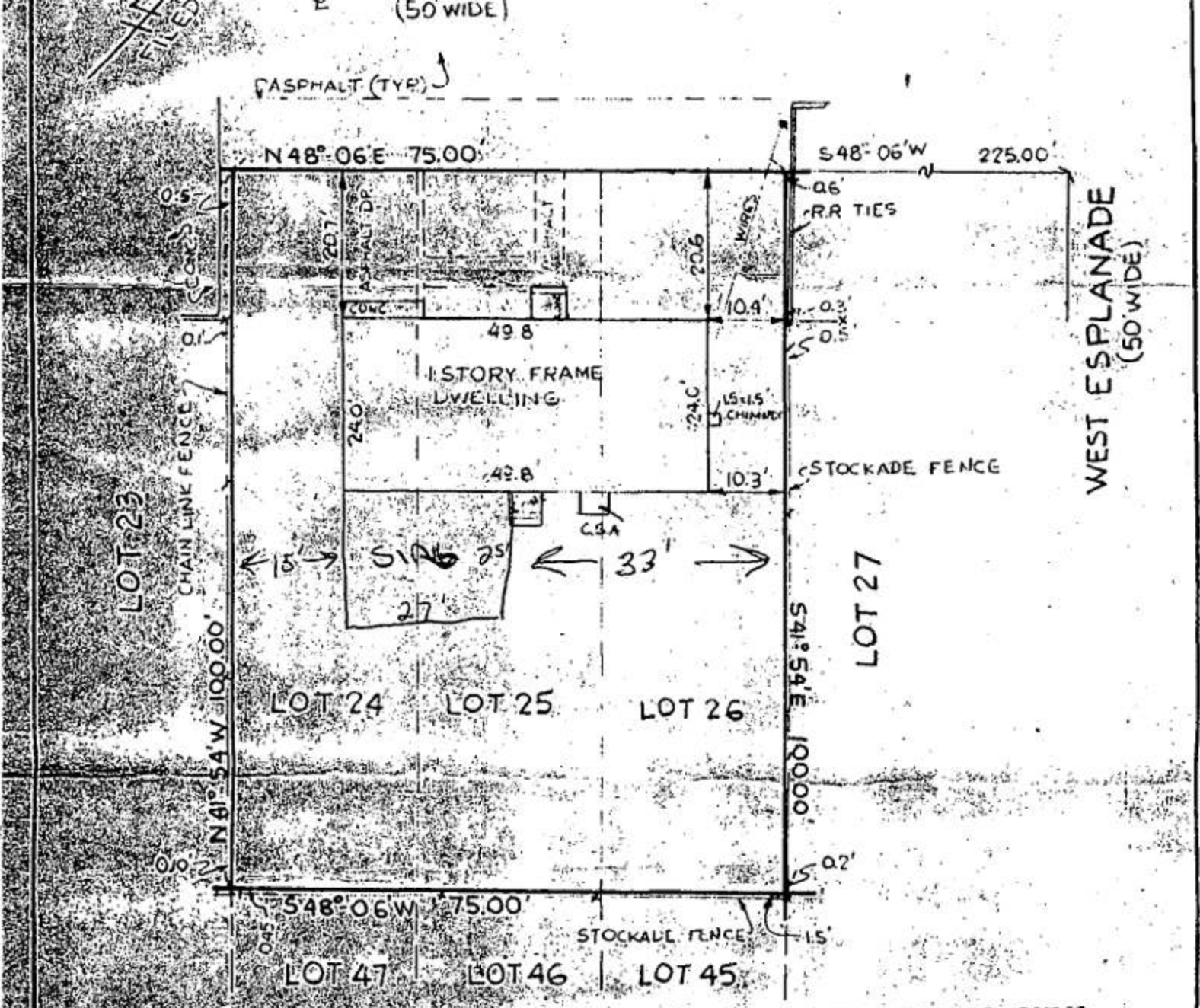
I CERTIFY THAT THIS SURVEY WAS MADE IN ACCORDANCE WITH THE RECORD DESCRIPTION AND THAT THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN HEREON.

LICENSED LAND SURVEYOR

DATE	REVISION	BY

LOCATION SURVEY
LOTS 24, 25 & 26 BLOCK 210-B-21
AS SHOWN ON MAP OF REVISION
SECTION 3 OF BAYWOOD
F.M.# B-124 FILED: OCT 9, 1956
DOVER TOWNSHIP

SHEPHERD ENGINEERING ASSOCIATES



THE CERTIFICATION OF THIS SURVEY ON THE DATE SHOWN IS LIMITED TO THE BELOW NAMED PARTIES FOR THE PURCHASE AND/OR MORTGAGE OF THE HEREIN DELINEATED PROPERTY. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE CERTIFYING SURVEYOR AND/OR FIRM FOR USE OF THE SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF THE SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, AND DIRECT OR INDIRECT USE BY ANY PARTY NOW SHOWN IN THE CERTIFICATION.

Certified to:
Denis & Carol Rorke
Manchester Financial Group
New Jersey Realty Title Insurance Company
Anna-Maria Pittella, Esq.

I CERTIFY THAT THIS SURVEY WAS MADE IN ACCORDANCE WITH THE RECORD DESCRIPTION AND THAT THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN HEREON.

John S. McVey
LICENSED LAND SURVEYOR

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE 2/10/94 Sean K
addition

ALSO KNOWN AS TAX LOT 24 IN BLOCK 210 B-21

FLOOD ZONE AE-6

DATE	REVISION	BY

LOCATION SURVEY
LOTS 24 25 & 26 BLOCK 210-B-21
AS SHOWN ON MAP OF REVISION
SECTION 3 OF BAYWOOD
F.M.# B-124 FILED: OCT 9, 1956
DOVER TOWNSHIP

SHEPHERD ENGINEERING ASSOCIATES