

BLOCK 5249 LOT 24 ADDRESS (SITE) 966 Rosewood PERMIT NO. 2307-94

RECEIVED

JUL 01 1994



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 966 Rosewood Ave, Brick

2. Name of Owner in Fee: Home Mark Homes Tel. () [REDACTED]

Address 509 Drum Point Rd, Brick 08723

3. Ownership in Fee: Public ☒ Private ☐

4. Principal Contractor: same Tel. () [REDACTED]

Address [REDACTED]

License No. OR, if new home, Builder Reg. No. 020653 Exp. Date 12/94

Federal Emp. No. 22-28-18653 Social Security No. [REDACTED]

5. Architect or Engineer John P. De Palma Tel. (908) 688-7738

Address 2145 Morris Ave, Union, NJ 07083

6. Responsible Person In Charge of Work Dennis McKenna Tel. [REDACTED]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>257-</u>		
2. Electrical			
3. Plumbing	<u>110-</u>		
4. Fire Protection	<u>145-</u>		
5. Other			
6. Subtotal	\$ <u>512-</u>		
7. Less 20% for State Plan Review	<u>51-</u>		
8. Subtotal	\$ <u>46-</u>		
9. DCA Training Fee			
10. Subtotal	\$ <u>77</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>686-</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	<u>2</u>	
2. Height of Structure	<u>23</u>	ft.
3. Area—Largest Floor	<u>1154</u>	sq. ft.
4. Building Area—All Floors	<u>1584</u>	sq. ft.
5. Volume of Structure	<u>28,568</u>	cu. ft.
6. Construction Classification		
7. Total Land Area Disturbed	<u>1154</u>	sq. ft.
8. Flood Hazard Zone		
9. Base Flood Elevation		ft.
Wetlands yes		sq. ft.
no		
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

II. PROPOSED WORK

1. ☐ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☒ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☒ Fire Protection
7. ☒ Plumbing
8. ☒ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

Est. Cost

52
5000
900
4500
3000
60 000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>[Signature]</u>			<u>7-19-94</u>	<u>[Signature]</u>	<u>3/13/95</u>	<u>[Signature]</u>
			<u>7/14/94</u>	<u>[Signature]</u>	<u>3-13-95</u>	<u>[Signature]</u>
			<u>7-13-94</u>	<u>[Signature]</u>	<u>3/2/95</u>	<u>[Signature]</u>
			<u>8-3-94</u>	<u>[Signature]</u>	<u>2/16/95</u>	<u>[Signature]</u>
	<u>7/2/94</u>		<u>7/12/94</u>	<u>[Signature]</u>		

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 10109430

CERTIFICATION IN LIEU OF OATH

I, OWNER SECTION (to be completed if the applicant is the owner in fee)
I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

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

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

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

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

C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require. I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

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

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require. I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

(☒) Check if contractor.

Agent Name Home Mark Homes

Address 509 Drum Point Rd

Brick, NJ 08723

Telephone (908) ~~908~~ 477-7874

Signature [Signature]

Date 6-20-94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board									IMPORTANT NOT EXEMPT
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other Zoning	SK	7/2/94 house							
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		
Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
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. <u>2307</u>	<u>3-14-95</u>
☐ Certificate of Approval	No. _____	_____
☐ None		



CERTIFICATE

Date issued 3-14-95
Control #
Permit # 2307-94

IDENTIFICATION

Block 524 Lot 24
Work Site Location 966 Rosewood Ave.
Owner in Fee Home Mark Homes
Address 509 Drum Point Rd.
Brick, NJ
Tele. ()
Contractor same
Address
Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 150316
Use Group R-3 1 hour
Maximum Live Load 40+
Description of Work/Use:

Single family dwelling

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ CERTIFICATE OF OCCUPANCY

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

Arthur J. Cieszko
CONSTRUCTION OFFICIAL

Fee \$
Paid [] Check No.
Collected by:

INSPECTOR:

K Shafer

DATE:

1-24-95

JOB:

SECTION:

Cedarswood
Park

TYPE OF WORK:

Final Eng

WEATHER:

30°s

LOCATION:

966 Rosewood Dr

TEMPERATURE:

Pt Cloudy

BLOCK:

S24

LOT: 24

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.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

Thomas K. Hays

I _____, Authorized representative of

above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy. hereby acknowledge the



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

8/14/94

2307-9

NOTIFICATION Block 524 Lot 21

Work Site Location 1116 VC 1116000000 Contractor LOUIS

Owner In Fee 1116 VC 1116000000

Address 1116 VC 1116000000

Address

Tele. ()

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

Federal Emp. No. 2307

or Social Security No. BLOCK

524 4

Whereby granted permission to perform the following work:

BUILDING ☒ PLUMBING ☐ OTHER ☐
ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Remodeling

1581
28562

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 \$ 100,000.00

[Signature]

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	<u>25.7</u>	<u>25.7</u>
Plumbing	<u>111</u>	<u>111</u>
Electrical	<u>111</u>	<u>111</u>
Fire Protection	<u>111</u>	<u>111</u>
Other	<u>111</u>	<u>111</u>
Other	<u>111</u>	<u>111</u>
DCA Training Fee	<u>411</u>	<u>411</u>
Cert. of Occ.	<u>111</u>	<u>111</u>
Other	<u>111</u>	<u>111</u>
Total	<u>1000</u>	<u>1000</u>
Check No.	<u>111</u>	<u>111</u>

Cash 08/17/94 NO. 5 00134005
Collected By: [Signature]



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 8/17/94
Date Issued _____
Control # _____
Permit # 2307-94

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

Block R524 Lot 24
Work Site Location 966 Rosewood Avenue
Brick, NJ 08723
Owner in Fee HomeMark Homes
Address 509 Drum Point Rd
Brick, NJ 08723
Tele [REDACTED]
Contractor [REDACTED]
Address _____
Tele _____
Lic. No. or Bldrs. Reg. No. 020653
Federal Emp. No. 22-28-18653 or Social Security No. _____

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 [Signature]

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

Single family frame
2 story dwelling w/ basement.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type:	Failure Failure Approval Initial
☒ All	<u>7/19/94</u>	<u>[Signature]</u>	Footing	<u>9/15/94</u> <u>9/15/94</u> <u>9/15/94</u>
☐ Footing			Foundation	<u>10/3/94</u> <u>10/3/94</u> <u>10/3/94</u>
☐ Foundation			Slab	
☐ Frame			Frame	<u>11/9/94</u> <u>11/9/94</u> <u>11/9/94</u>
☐ Other			Insulation	<u>12/1/94</u> <u>12/1/94</u> <u>12/1/94</u>
Joint Plan Review Required:			Finishes:	<u>3-13-95</u> <u>3-13-95</u> <u>3-13-95</u>
☐ Elec. ☐ Plumb. ☐ Fire			Energy	
SUBCODE APPROVAL			Mechanical	
☐ CO ☐ CCO ☐ CA			TCO	
Date <u>3-13-95</u>			Other	
Approved By: <u>[Signature]</u>			Final	

TYPE OF WORK:

- ☒ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence _____ Height _____
☐ Sign _____ Sq. Ft. _____
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other _____

**(Office Use Only)
FEE**

\$ _____

B. BUILDING CHARACTERISTICS

Use Group Present ☒ Proposed ☒
Constr. Class Present ☒ Proposed ☒
No. of Stories 2
Height of Structure 28 Ft.
Area—Largest Floor 1154 Sq. Ft.
Total Bldg. Area/All Floors 1584 Sq. Ft.
Volume of Structure 28568 Cu. Ft.
Total Land Area Disturbed 1154 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 63,000
2. Alteration \$ _____
3. Total (1+2) \$ _____

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____

9/27/94 FOUNDATION NOT LEAVE OUT OF LINE
~~Sub~~ TOP DROPS $3\frac{1}{4}$ " ON ONE SIDE AND
MIDDLE —
12/9/94 HOUSE NOT TO PRINT ON JOB ~~Sub~~

12-16-94 - oversized 1st floor only supposed to be
24' on plan. ~~Sub~~



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

8/17/94
2307-94

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

Block 8524 Lot 24
Work Site Location 966 Rosewood Avenue
Brick, NJ 08723
Owner in Fee HomeMark Homes
Address 509 Drum Point Rd
Brick, NJ 08723
Tele. [REDACTED]
Contractor same
Address _____
Tele. (____) _____
Lic. No. of Bldrs. Reg. No. 020653
Federal Emp. No. 22-28-18653 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type	Failure	Approval
☒ No Plans Req.					
☒ All	7/19/94	RA	Footing		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed ✓
Constr. Class Present _____ Proposed ✓
No. of Stories 2
Height of Structure 28 Ft.
Area—Largest Floor 1154 Sq. Ft.
Total Bldg. Area/All Floors 1584 Sq. Ft.
Volume of Structure 28568 Cu. Ft.
Total Land Area Disturbed 1154 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 62,000
2. Alteration \$ _____
3. Total (1+2) \$ _____

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 [Signature]

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

Single family FRAME
2 story dwelling w/ basement.

TYPE OF WORK:

☒ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence _____ Height
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other _____

(Office Use Only)

FEE

\$ _____

Administrative Surcharge

\$ _____

Paid ☐ Check # _____ Minimum Fee

\$ _____

Collected by: _____ TOTAL FEE

\$ _____

Brick WR 0087899
key in Tannah



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

DEC 12 94 011028

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

Block 524 Lot 24
Work Site Location 966 Roswood
Brick N.S. 02723
Owner in Fee Home Mack House
Address 509 Drunpint Rd
Brick N.S. 02723
Te [REDACTED]
Contractor SS. Electric
Address 63 Loganberry Lane
TR N.S. 02765
Tele. (A09) 255-7133
Lic. No. 11413
Federal Emp. No. _____ or Social Security No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[] No Plans Required
Joint Plan Review Required:
[] Bldg. [] Plumb.
[] Fire [] Elevator
[] Elec. Plans Approved

Date: _____
Approved by: _____

SUBCODE APPROVAL

CO [] CCO [] CA
Date: 950216
Approved By: LMR 6455

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough	941213	WR 655	941216	MR 655
Temporary			1-4-95	BL 655
Constr. Serv.				
TCO				
Other				
Service				
Final	2-2-95	al	950216	MR 655
Temp. Cut-in-Card Date Issued			1-4-95	al
Final Cut-in-Card Date Issued			950216	MR 655

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

44

7

33

C. CERTIFICATION IN LIEU OF OATH

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

[Signature]
Signature—Contractor Seal

Electrical Contractor [] Exempt Applicant

Administrative Surcharge \$ _____
Paid 4-Check # 1107 Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL FEE \$ 91

941213
8501151515

① 1st outlet in return middle of wall ~~open~~ common To Bath

② 2 Rooms in 1st in Return not panned off or blocked off

③ 3rd in 1st Return Bay open in 5th fl. By Kitchen Sink

④ 2nd Floor Bath Return open To attic? Service mc

WRE 6455

941216

Above OK WRE 6458

2.2.95 ① Packed with insulation to pale down steam & garage
② Kitchen Exhaust not working

950216
Above OK WRE 6455



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

8/17/94
2307-94

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

Block 524 Lot 25 24
Work Site Location 966 Rosewood Ave
Brick
Owner in Fee Home Mark Homes
Address 509 Drum Point Rd.
Brick N.J. 08723
Tele. () [REDACTED]
Contractor same
Address _____
Tele. () _____
Lic. No. 620653
Federal Emp. No. 22-28-18653 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems ☒ New ☐ Existing
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other _____
Location: Basement
Total Est. Cost of Fire Prot. Work \$ 500 ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
☐ No Plans Required	Joint Plan Review Required:	Type:	Failure	Approval	Initial
☐ Bldg. ☐ Plumb.		Suppression Test			
☐ Elec. ☐ Elevator		Fire Alarm Test			
☒ Fire Plans Approved		Smoke Test			
Date: <u>7/14/94</u>		Mechanical			
Approved by: <u>[Signature]</u>		TCO			
SUBCODE APPROVAL:		Other			
☒ CO ☐ CCO ☐ Other		Other			
Date: <u>3/13/95</u>		Other			
Approved by: <u>[Signature]</u>					

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.

Dorothy Sclenna
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

NEW

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

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

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____
Smoke Detectors A/C - D/C 6
Heat Detectors intercon.
TOTAL w/ battery
back-up
Stand Pipes _____
Kitchen Hood Exhaust Systems _____

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

Gas or Oil Fired Appliance 4
OTHER _____

FEE (Office Use Only)

46

99

145-

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 8/17/94
Date Issued _____
Control # _____
Permit # 2307-94

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

Block 524 Lot 25 24
Work Site Location: 966 Rosewood Ave
Brick
Owner in Fee: Home Mark Homes
Address: 509 Drum Point Rd.
Brick NJ 08723
Tele: [REDACTED]
Contractor: same
Address: _____
Tele: (____) _____
Lic. No. 620653
Federal Emp. No. 22-29-18653 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating Systems: ☒ New ☐ Existing
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other _____
Location: Basement
Total Est. Cost of Fire Prot. Work \$ 500 ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)			
		Type:	Failure	Failure	Approval
☐ No Plans Required	Suppression Test				
Joint Plan Review Required:	Fire Alarm Test				
☐ Bldg. ☐ Plumb	Smoke Test				
☐ Elec. ☐ Elevator	Mechanical				
☒ Fire Plans Approved	TCO				
Date: <u>7/14/94</u>	Other				
Approved by: <u>[Signature]</u>	Other				
SUBCODE APPROVAL:	Other				
☐ CO ☐ CCO ☐ CA	Other				
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.

Dorothy Sletten
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

NEW

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

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

	Number
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
TOTAL	_____

Smoke Detectors	<u>A/C - D/C</u>	<u>6</u>
Heat Detectors	<u>intercon.</u>	_____
TOTAL	<u>w/ battery back-up</u>	_____

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	<u>4</u>
OTHER	_____

FEE (Office Use Only)

46

99

145-

Administrative Surcharge	\$ <u>145-</u>
Paid ☐ Check # _____	Minimum Fee \$ _____
	DCA Training Fee \$ _____
Collected by: _____	TOTAL FEE \$ _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

8/17/94

2307-94

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

Block 524 Lot 2524
Work Site Location 966 Rosewood Ave
Brick
Owner in Fee Home Mark Homes
Address 509 Drum Point Rd.
Brick, NJ 08723
Tele. () _____
Contractor Dunham Plumbing
Address 74 Woodlawn Dr
Brick
Tele. () 920 4640
Lic. No. 7340
Federal Emp. No. _____ or Social Security _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4"
Estimated Cost of Plumbing Work \$ 4500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)			
		Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required		Slab					
Joint Plan Review Required:		Rough			12/1/94	DA	
☐ Bldg. ☐ Elec. ☐ Fire		Water					
☐ Plumb. Plans Approved		Sewer					
Date: <u>7-13-94</u>		Fixtures					
Approved by: <u>[Signature]</u>		Gas Equipment			12/9/94	DA	
		Gas Final					
SUBCODE APPROVAL:		Solar					
☒ CO ☐ CCO ☐ CA		TCO					
Approved by: <u>[Signature]</u>							
Date: <u>8/2/94</u>							

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10-
1	Urinal/Bidet	5-
2	Bath Tub	10-
	Lavatory	
	Shower	
1	Floor Drain	
1	Sink	5-
1	Dishwasher	5-
1	Drinking Fountain	
2	Washing Machine	5-
1	Hose Bibb	10-
1	Gas Piping	15-
1	Fuel Oil Piping	
1	Water Heater	5-
1	Steam Boiler <u>Furnace</u>	15-
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	15-
1	Sewer Connection	
1	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10-
Administrative Surcharge		\$ _____
Paid ☐ Check # _____ Minimum Fee		\$ _____
Collected by: _____ TOTAL		\$ <u>110-</u>



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

8/17/94
2307-94

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

Block 524 Lot 2524
Work Site Location 9140 Rosemont Ave.
Brick
Owner in Fee Home Mark Homes
Address 509 Drum Point Rd.
Brick, NJ 08723
Tele. () _____
Contractor D. W. H. P. L. B.
Address 74 Woodlawn Dr.
Brick
Tele. () 920 4640
Lic. No. 7341
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4"
Estimated Cost of Plumbing Work \$ 4500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)			
[] No Plans Required		Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required:		Slab					
[] Bldg. [] Elec. [] Fire		Rough					
[] Plumb. Plans Approved		Water					
Date: <u>7-13-94</u>		Sewer					
Approved by: <u>[Signature]</u>		Fixtures					
		Gas Equipment					
		Gas Final					
		Solar					
		TCO <u>22</u>					

SUBCODE APPROVAL: 6-17-94
[] CO [] CCO [] CA
Approved by: _____
Date: _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

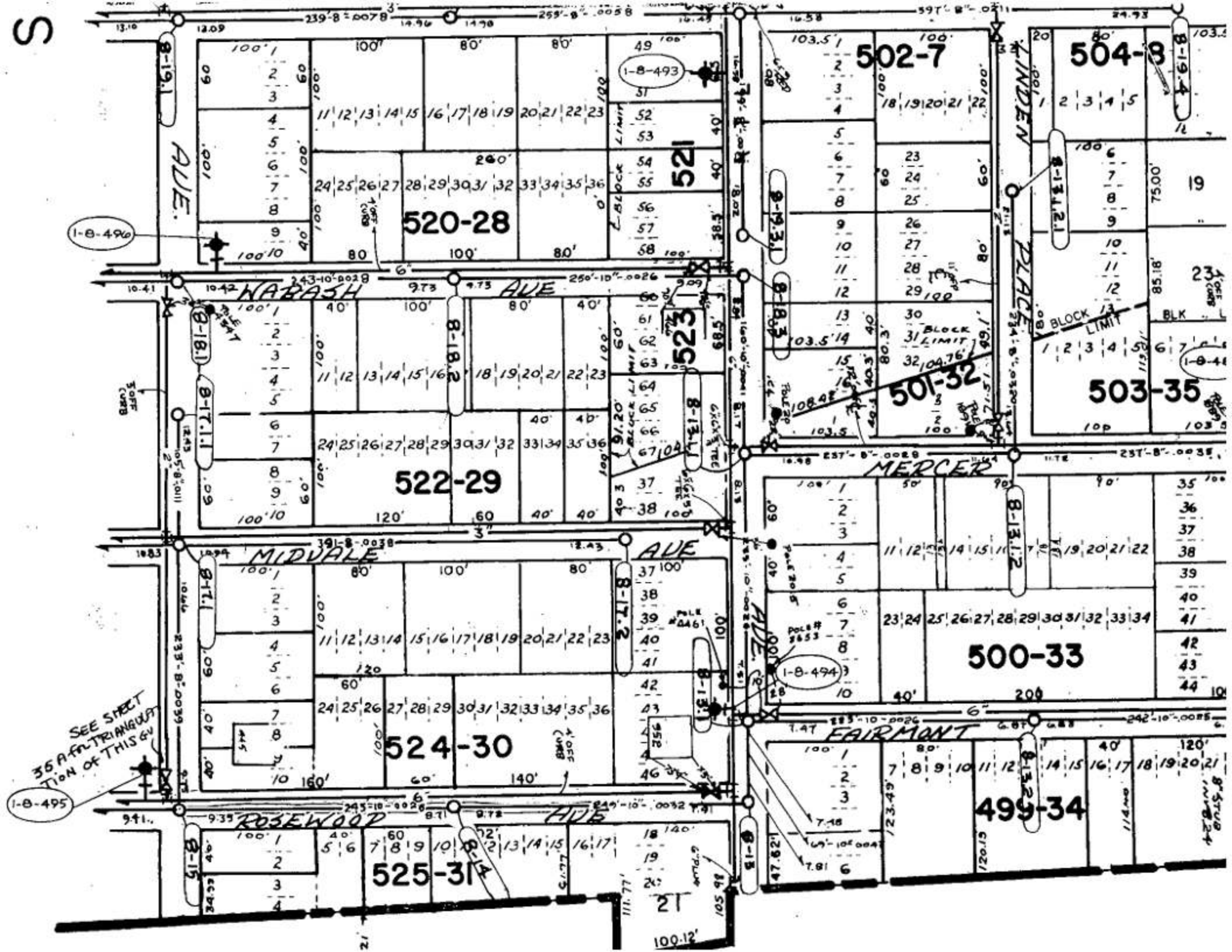
[X] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge \$ X
Paid [] Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL \$ 110-

S



THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Homemark Homes PHONE NO. 477-7874 (bus.)

ADDRESS: 509 Drum Point Rd. (home)

Brick, NJ 08723

PROPERTY IN QUESTION: ADDRESS 966 Rosewood Avenue

BLOCK(S) 524 LOT(S) 24

BTMUA ACCOUNT NO I736802 TAX MAP DRAWING NO. 35B

☒ SINGLE FAMILY RESIDENCE

MINOR SUBDIVISION

☐ COMMERCIAL

MAJOR SUBDIVISION

WATER

SEWER

☒ ☒

1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS
REQUIRED.

CONNECTION WILL BE PROVIDED AS FOLLOWS:

INITIAL SERVICE CHARGES

3/4" 1495.001" 2606.00

WATER ROSEWOOD AVENUE

(STREET)

SEWER ROSEWOOD AVENUE

(STREET)

2163500

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: 6/22/94 SIGNED: raig M. S. Siddiqui

pae

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.

Comfortmaker®

Air Conditioning & Heating

CGNI Series SPECIFICATIONS

Deluxe High Efficiency Gas Fired
Upflow/Horizontal Furnace

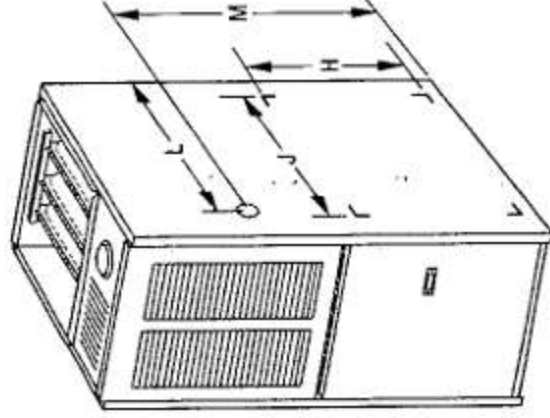
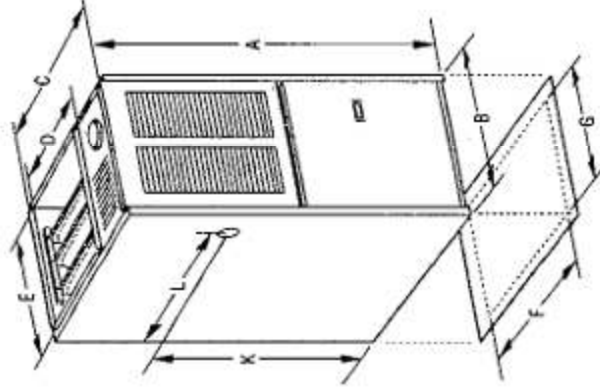
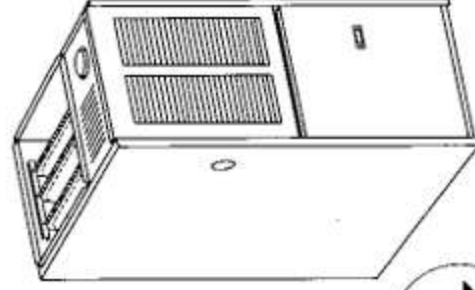
STANDARD FEATURES

- A.G.A. DESIGN CERTIFIED
- CGA APPROVED
- CATEGORY I VERTICAL VENTING
- SINGLE PIPE HORIZONTAL VENTING
- FULLY ASSEMBLED AND PREWIRED
- INDUCED DRAFT POWER VENTOR
- THERMALLY LINED ONE PIECE STEEL CABINET
- RPJ II ALUMINIZED STEEL HEAT EXCHANGER
- BLOCKED FLUE SAFETY SWITCH
- TOTAL FURNACE CONTROL WITH BLOWER SWITCHING,
- 100% SAFETY SHUT-OFF, MULTI-TRY DIRECT IGNITION
- AND DIAGNOSTIC LIGHT
- HUMIDIFIER AND ELECTRONIC AIR CLEANER TERMINALS
- 24 VOLT TRANSFORMER
- MULTI-SPEED DIRECT DRIVE MOTOR
- LARGE PERMANENT FILTER WITH FILTER RACK
- 5 YEAR MOTOR AND CONTROL WARRANTY (LIMITED)
- 25 YEAR HEAT EXCHANGER WARRANTY (LIMITED)

WARRANTIES: (LIMITED)

Standard warranties of motor and controls are extended for a period of 5 years. Furnace Heat Exchangers are warranted for a period of 25 years against defects in workmanship or material. Limited warranties applicable to this equipment are set forth in the manufacturer's published warranty statement, which is available from our office (address on this literature) and from local distributors of our products in your area (see your phone directory).

RPJ II



DIMENSIONAL INFORMATION

MODEL GNI	CABINET			SUPPLY AIR		RETURN AIR		SIDE				GAS CONNECTION		
	A	B	C	D	E	F	G	H	J	K	L	M		
045A012	40	15 1/2	28 1/2	18 1/2	14	23 1/2	12 1/2	12 1/4	22 1/2	28 1/4	26	23 1/2		
060A012	40	15 1/2	28 1/2	18 1/2	14	23 1/2	12 1/2	12 1/4	22 1/2	28 1/4	26	23 1/2		
080A012	40	19 1/2	28 1/2	18 1/2	17 1/2	23 1/2	14 1/4	14 1/4	22 1/2	28 1/4	26	23 1/2		
080A016	40	19 1/2	28 1/2	18 1/2	17 1/2	23 1/2	14 1/4	14 1/4	22 1/2	28 1/4	26	23 1/2		
100A016	40	22 3/4	28 1/2	18 1/2	21 1/4	23 1/2	18 1/4	17	22 1/2	28 1/4	26	23 1/2		
120A020	40	22 3/4	28 1/2	18 1/2	21 1/4	23 1/2	18 1/4	17	22 1/2	28 1/4	26	23 1/2		

FILTER REQUIREMENTS (HEATING AND COOLING) ①

MODEL NO. GNI	FACTORY SUPPLIED EXTERNAL SIDE OR INTERNAL BOTTOM FILTER RACK	OPTIONAL FILTER KITS	
		EXTERNAL STAND-OFF FILTER RACK KIT	—
045A012	(1) 14 x 25 x 1	—	—
060A012	(1) 14 x 25 x 1	—	—
080A012	(1) 16 x 25 x 1	—	—
080A016	(1) 16 x 25 x 1	—	—
100A016	(1) 20 x 25 x 1 ②	8G05016	—
120A020	(1) 20 x 25 x 1 ②	8G05016	—

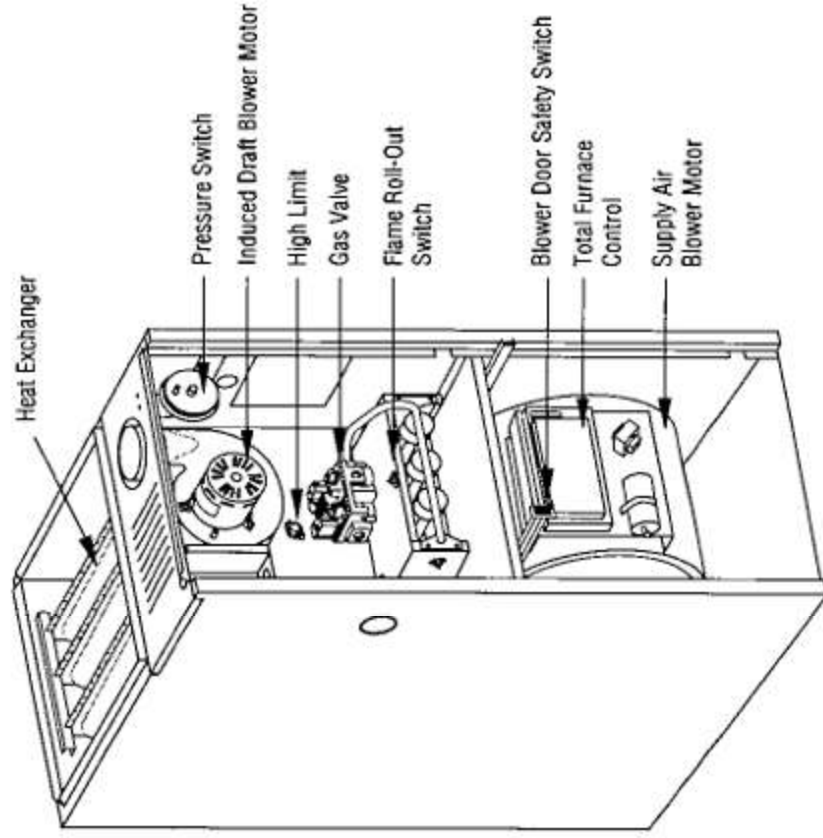
① FILTERS ARE RATED AT 520 FPM OR MORE (WASHABLE TYPE).

② FOR SIDE RETURN APPLICATIONS OVER 1700 CFM, USE 20 x 25
STAND-OFF FILTER RACK KIT.

ACCESSORIES

DESCRIPTION	PART NUMBER	SHIP WT. LBS.	WHERE USED
HIGH ALTITUDE KIT (NAT. GAS)	8G07914	1	ALL NAT. GAS UNITS
NAT. TO LPG. CONVERSION AND HIGH ALTITUDE KIT	8G07915	1	ALL NAT. GAS UNITS
STAND-OFF FILTER RETURN KIT LESS FILTER	8G05016	10	GNI 100, 120

SPECIAL FEATURES



SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date 7-13-94

Property Address 966 Reswood Ave Block 524 Lot 24

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

Total 16

Gallons per minute 3.11

Size of Service 3"

Date: 7-13-94 Approved: [Signature] Brick Township Plumbing Inspector

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



Joseph C. Scarpelli, Mayor

Township Council:

Mary Lou Powner, President
Stephen C. Acropolis
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Michael A. Thullen

Department of Engineering

Municipal Engineer
(908) 262-1038
Fax: (908) 920-4850

REQUEST FOR INSPECTION
DATE: 1-23-95 TIME: 2 P¹⁰

NAME: Hallmark Homes PHONE NUMBER: _____

DEVELOPMENT:

ADDRESS: 966 Roswood Dr.

DATE INSPECTION REQUESTED FOR: Tuesday

BLOCK: 524 LOT: 24

BLOCK: _____ LOT: _____

BLOCK: _____ LOT: _____

TYPE OF INSPECTION

PAVING: _____ GRAVEL: _____ STORM SEWER: _____

CURB: _____ SIDEWALK: _____ DRIVEWAY: _____

BULKHEAD: _____ FINAL ENGINEERING: _____ FINAL GRADING: ☒

OTHER: _____

COMMENTS: _____

OK

NOTE: IF INSPECTIONS WILL BE OF A CONTINUOUS NATURE ASK FOR APPROXIMATE NUMBER OF DAYS. ON GOING UNTIL _____

RECEIVED BY: _____ (DATE)

INSPECTION BY: _____ DATE: _____
(REFER TO DAILY REPORT NO. _____)



Quality Builders Warranty Corporation

P.O. Box 271
Camp Hill, PA 17011
(717) 737-2522

Quality Builders Warranty Corporation
P.O. Box 271
Camp Hill, PA 17011

TO: Local Construction Officials

FROM: Quality Builders Warranty Corporation

RE: Confirmation of Home Enrollment and Warranty Coverage

This will serve as notification that the "home" listed below has been accepted and approved for final enrollment in the 10-year Quality Builders Warranty Corporation Program per NJAC 5:25-5.5 (a)iii.

Builder's Name: HOME-MARK HOMES

REG.NO: 70164

Purchaser's Name: SQUICCIARINI, MICHAEL/, JOANN

HOUSE #: 966

STREET: ROSEWOOD AVENUE

Lot: 24

Development:

Block/Job: 524

Township: BRICK

City : ERICK

County: OCEAN

State : NJ

QBW Enrollment Number: 150316

Courne L. Lee
Authorized Representative of QBW

JAN 10 1995

Date

(To be presented by Builder when seeking the Certificate of Occupancy)

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

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

CERTIFICATE OF COMPLIANCE

Date 3-14-95

NAME HomeMark Homes - Michael J. Ann Squicciarini

ADDRESS 509 Drum Point Rd. Brick, NJ

PROPERTY LOCATION 966 Rosewood Ave.

Account No. I736802 Block 524 Lot 24

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 Norm Mura

PLOT PLAN REVIEW

CHECK LIST

TOWNSHIP OF BRICK

BLOCK: 524 LOT: 24 DATE RECEIVED: 7/6/12
 ADDRESS: 946 Kaeuwood Cedar
 APPLICANT: Amemich Home PHONE: 477-7874
 CONTRACTOR: Amemich PHONE:
 ADDRESS: 509 Dimp PT Rd SUBDIVISION:
 TYPE OF WORK: Dwelling ZONING APPROVAL:
 REVIEW: FLOOD ZONE IDENTIFIED BY FIRM ELEV. C

PANEL # MAP# DATED:

FEMA LETTER RECEIVED: YES NO

	SHOWN	ACCEPTED	DEFICIENT	N/A
1. SITE PLAN &/OR SURVEY SIGNED & SEALED	✓			
2. DRAW TO A SCALE OF NOT LESS THAN 1"=100'				
3. EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)			✓	
4. SIDE PROPERTY LINES & DWELLING & PROP. CORNERS	✓			
5. STREET GUTTER, TOP CURB & CENTER LINE ELEV.	✓			
6. CONTOURS: 1' INCREMENTS/IF ELEV. FLUCTUATES 2'			✓	
7. ADJACENT DWELLING CORNERS	✓			
8. PROPOSED GRADING	✓			
9. GARAGE/1ST FLOOR/CRAW SPACE/BASEMENT ELEV.	✓			
10. LOT GRADING/FILLING & FINAL ELEVATION	✓			
11. METHOD OF DRAINING	✓			
12. FLOOD OPENINGS SIZED & PLACED			✓	
13. DRIVEWAY WIDTH/TYPE & DRAINAGE	✓			
14. DIMENSIONS/ACREAGE OF PARCEL IN QUESTION	✓			

15. LOCATION OF FLOODWAY BOUNDARY/HAZARD AREA	SHOWN	ACCEPTED	DEFICIENT	N/A
16. FRESH WATER WETLANDS				✓
17. PARKING AREAS				✓
18. FACILITY & CONNECTIONS: WATER/SEWER/GAS/ELEC.	✓			✓
19. PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS				✓
20. STREETS	✓			
21. CURBING	✓			
22. DESCRIPTION OF ALTERATIONS/REL. OF WATERCOURSE				✓
23. PRIOR APPR: ARMY CORP./D.E.P./WETLANDS, ETC.				✓
24. DAM SAFETY				✓
25. SOIL CONSERVATION SERVICE				✓
26. PLANNING BOARD				✓

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE	7/2/84	APPROVED	
REVISED			
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER			
REVISED			
REVISED			
REVISED			

190-31. Plot plan (Added 12-28-80 by Ord. No. 354-2P-80;
amended 6-12-84 by Ord. No. 354-2XX-84)

A. Except where approval has been obtained after application under Part 3 or 4 of this chapter, no principal building or addition to a principal building shall be constructed in the Township of Brick except after approval by the Township Engineer of a plot plan to be submitted in accordance with the following specifications:

(1) Such plot plan shall be a survey of the lot in question showing the existing topography of the lot and the proposed location and elevation of the building and/or addition and the proposed grading. Existing topography and proposed grading shall at a minimum, consist of elevations at the property corners and the corners of the proposed building and/or addition. In the event that there is more than a two-foot difference in lot elevations, contours at one-foot intervals shall be shown. The existing topography of the lots immediately adjacent to the lot in question and the road fronting such lot shall also be indicated on the plot plan.

(2) Such plot plan shall include the following additional information:

- (a) The width and type of pavement on the road in front of the proposed building and/or addition.
- (b) The proposed method of drainage from the property in question.
- (c) The proposed garage and first floor elevations.

(3) Plot plans must be prepared by a licensed engineer or land surveyor and shall bear his signature and seal. Surveys and topographical information certified to National Geodetic Vertical Datum must be prepared by a licensed land surveyor and shall bear his signature and seal.

(4) Building or additions in a flood hazard area shall be in compliance with the National Flood Insurance Program (NFIP) as regulated by Federal Emergency Management Agency (FEMA).

B. Exemption from the plot plan requirement for an addition is subject to the approval of the Township Engineer, said exemption to be contingent upon:

(1) Proof that the subject addition is not in a flood hazard area.

(2) A survey locating the existing dwelling.

(3) A Site inspection by a Brick Township Engineering Inspector to verify that the proposed addition will not create a drainage problem.

C. Petitions for plot plan exemptions are to be made to the Township Engineer in writing.

DATE

7/12/94 Sean King

Howe

x 5-19.0

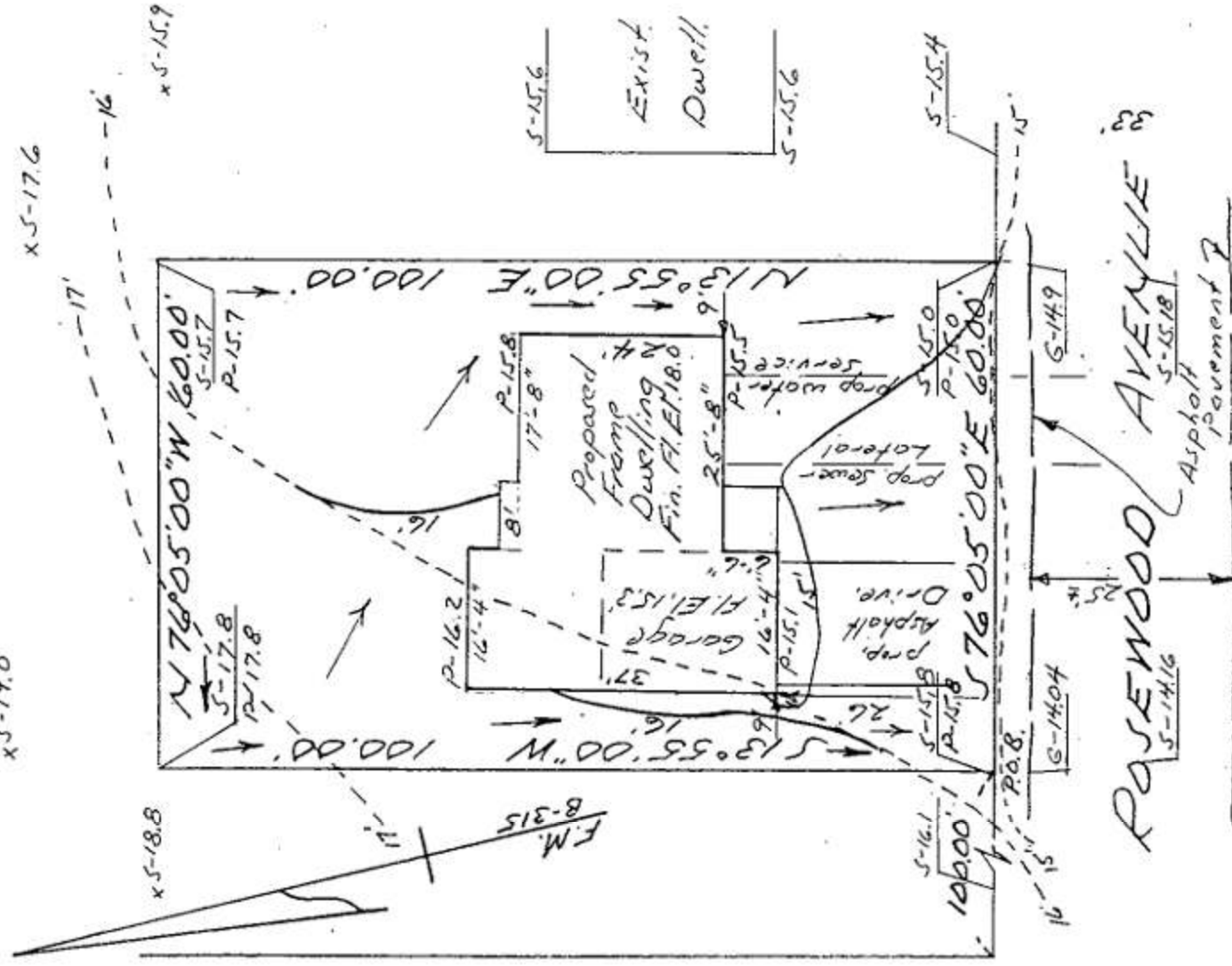
x 5-17.6

33'

x 5-18.8

x 5-15.9

CENTRAL AVENUE



LEGEND

- S-00.0 = Spot Elevation
- P-00.0 = Proposed Fin. Grade
- T.C.-00.0 = Top of Curb Grade
- G-00.0 = Gutter Grade
- = Direction of Runoff
- Elevations refer to N.G.V.D.
- = Exist Contour Line
- - - = Prop. Contour Line

Note: Exist. Dwelling to be razed is not shown

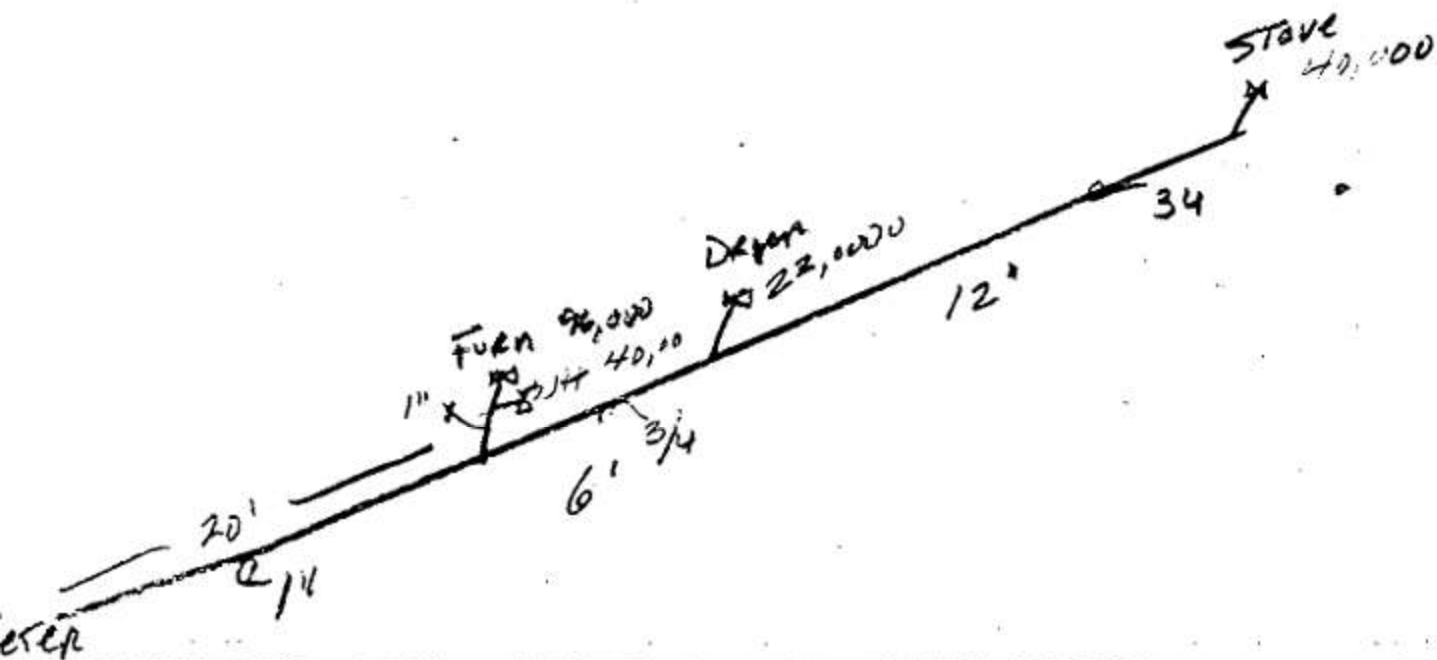
PREMISES SURVEYED FOR

HOME MARK HOMES
BRICK TOWNSHIP, OCEAN COUNTY, N.J.

SURVEYED June 27, 1994

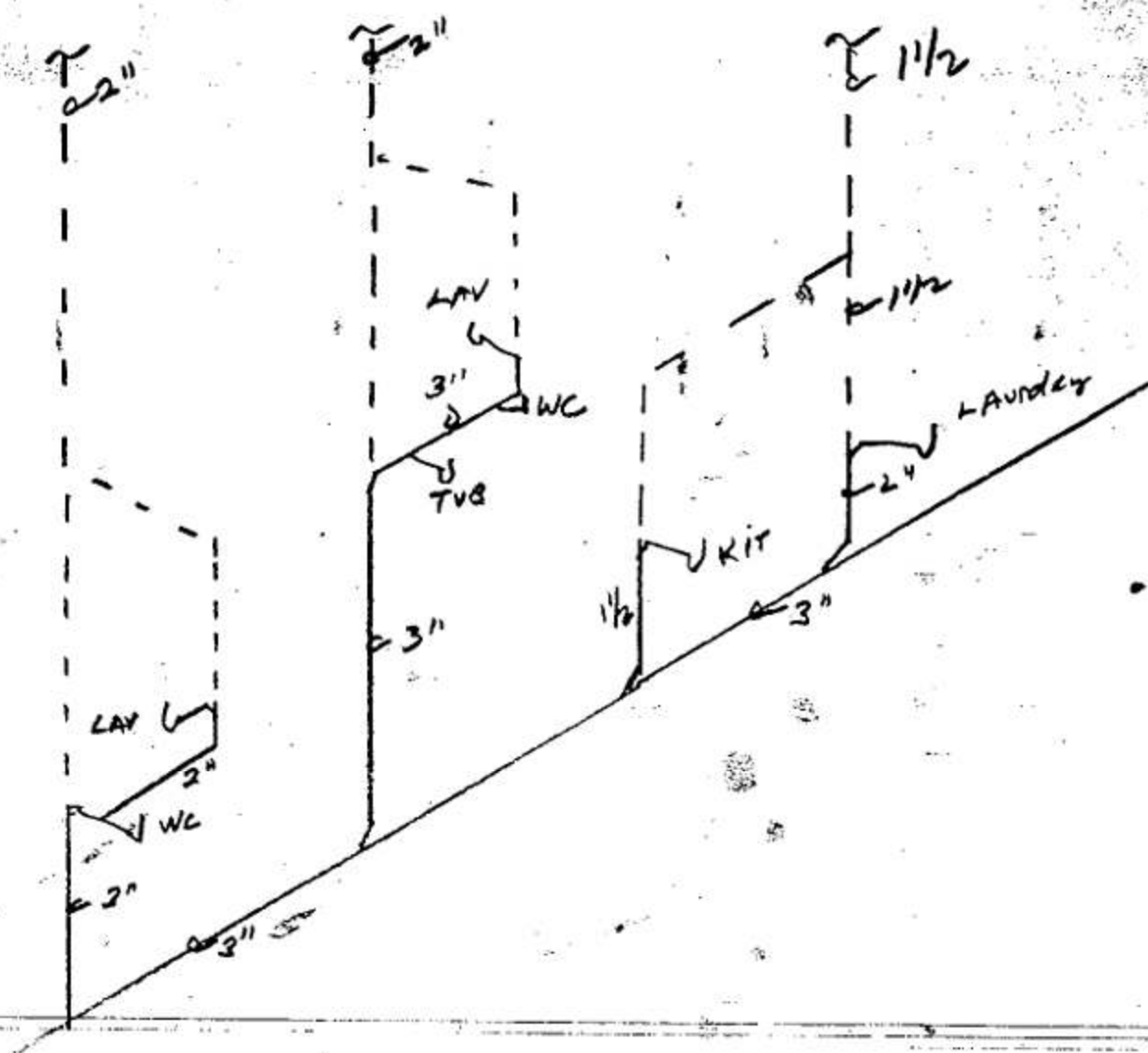
Certified to Joseph Minaya and Dennis McKenna, Home Mark Homes, a New Jersey Partnership, Tricel Abstract Company, Inc.; King, K. Irick, Jackson & Troncone; Garden State Bank

SCALE 1" = 20'



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1/2



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