

BLOCK 1192.16 LOT 27 ADDRESS (SITE) 1 Thoreau CT Brick PERMIT NO. 2774-94

RECEIVED

SEP 15 1994



CONSTRUCTION PERMIT APPLICATION

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$	7.8	
Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee		3	
10. Subtotal	\$		
11. Cert. of Occupancy		20.	
12. Other			
13. TOTAL	\$	100.8	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories		(office use only)
2. Height of Structure		ft.
3. Area—Largest Floor		sq. ft.
4. Building Area—All Floors		sq. ft.
5. Volume of Structure		cu. ft.
6. Construction Classification		
7. Total Land Area Disturbed		sq. ft.
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		

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

I. IDENTIFICATION

1. Proposed Work-site at: 1 Thoreau CT Brick N.J. 08724

2. Name of Owner in Fee: Andrew DiPonte Tel. [REDACTED]

Address 1 Thoreau CT Brick N.J. 08724

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: Robert Thorne Co Inc Tel. 908 920-1200

Address 766 Manteloking Rd Brick N.J. 08723

License No. OR, if new home. Builder Reg. No. 3E08237 Exp. Date 6-95

Federal Emp. No. 022822593 Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____

6. Responsible Person In Charge of Work Robert Thorne Co Tel. 908 920-1200

II. PROPOSED WORK

- ☐ Minor Work (single trade)
- ☐ Small Job (\$5,000 and no prior approvals)
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☒ Fire Protection
- ☒ Plumbing
- ☐ Electrical
- ☐ Asbestos Abatement
- ☐ Demolition

Est. Cost

3250

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WSP	9/15/94						
			9/21/94		11-7-94		
			9/21/94	SM	11/4/94		

TOTAL COSTS

3250

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL
- ☐ Hotels (R-1)
 - ☐ Multi-Family (R-2)
 - ☐ Two-Family (R-3) BOCA
 - ☐ Two-Family (R-4) CABO
 - ☒ One-Family (R-3) BOCA
 - ☐ One-Family (R-4) CABO
- No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____
- B. NON-RESIDENTIAL
- State Specific Use:
 - Use Group:
 - Change in Use Group. Indicate Former:

LDS BR 10319791

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 Robert Carbone Co Inc

Address 766 Mantoloking Rd Brick NJ 08723

Telephone (908) 920-1200

Signature _____

Date _____

9-6-94

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									
☐ 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									
☐									
☐									

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. _____	_____
☐ Certificate of Approval	No. _____	_____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

10/3/9

2774-

IDENTIFICATION Block 1142.16 Lot 27

Site Location 1 Throckmold St

Contractor R. Calton Heaton

Permit Fee 1.15

Address _____

Address same

Tele. (____) _____

(____) _____

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

Federal Emp. No. _____ 2774

or Social Security No. _____ BLOCK

1100 4

Whereby granted permission to perform the following work:

BUILDING ☐ PLUMBING ☐ OTHER _____
ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Elect & Gas

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 \$ 3250

[Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	_____	27 4
Plumbing	<u>4.15</u>	TOTAL
Electrical	_____	ETDE
Fire Protection	<u>2.25</u>	TOTAL
Other	_____	0 / 0
Other	_____	TOTAL
DCA Training Fee	<u>2.00</u>	TOTAL
Cert. of Occ.	<u>2.00</u>	TOTAL
Other	_____	_____
Total	<u>8.40</u>	00000005
Check No.	<u>285</u>	_____
Cash	_____	_____
Collected By:	<u>[Signature]</u>	_____



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 10/3/94
Date Issued _____
Control # _____
Permit # 2774-94

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

Block 1192.16 Lot 27
Work Site Location 1 THORCAU CT BRICK N.J 08724

Owner in Fee ANDREW DiPONTE
Address 1 THORCAU CT BRICK N.J 08724

Te [REDACTED]

Contractor ROBERT CAROONE CO INC
Address 766 MANTOLUKING RD BRICK N.J 08723

Tele. (908) 920-1200

Lic. No. BFO8237

Federal Emp. No. 22 2822593 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class. Present _____ Proposed _____

Heating Systems [] New [X] Existing

Type: [X] Gas [] Oil [] Electrical [] Solar

[] Other _____

Location: UTILITY ROOM Combustible air

Total Est. Cost of Fire Prot. Work \$ 32501 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)		
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:		Suppression Test	_____	_____	_____	_____
[] Bldg. [] Plumb.		Fire Alarm Test	_____	_____	_____	_____
[] Elec. [] Elevator		Smoke Test	_____	_____	_____	_____
[X] Fire Plans Approved		Mechanical	_____	_____	<u>11/7/94</u>	<u>[Signature]</u>
Date: <u>9/21/94</u>		TCO	_____	_____	_____	_____
Approved by: <u>[Signature]</u>		Other _____	_____	_____	_____	_____
SUBCODE APPROVAL:		Other _____	_____	_____	_____	_____
[] CO [] CCO [X] CA		Other _____	_____	_____	_____	_____
Date: <u>11/7/94</u>						
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.

[Signature]
SIGNATURE

D. TECHNICAL SITE DATA

Exc TO GAS FURNACE
Description of Work _____

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 _____ Number _____

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 Source only. 1

OTHER _____

FEE (Office Use Only)

33

33

Administrative Surcharge \$ _____

Paid [] Check # _____ Minimum Fee \$ _____

DCA Training Fee \$ _____

Collected by: _____ TOTAL FEE \$ _____

11/7/54
Replaced Replant the fence Meets
Manufacture Spec C Clearance modified B&S&L
Code Officer Mr. Stet Paul inside fence Area Jc.



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10/3/94
2774-94

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

Block 1192116 Lot 27
Work Site Location 1 THORCAU CT BRICK N.J 08724

Owner in Fee Andrew DiPonte
Address 1 THORCAU CT BRICK N.J 08724

Tel. [REDACTED]
Contractor Robert Carbone CO INC
Address 766 MANTOLAKING RD BRICK N.J 08723

Tele. (908) 920-1200
Lic. No. BFO 8237
Federal Emp. No. 222822593 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 3250

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

- ☐ No Plans Required
Joint Plan Review Required:
☐ Bldg. ☐ Elec.
☐ Fire ☐ Elevator
☒ Plumb. Plans Approved

Date: 9/21/94
Approved by: [Signature]

SUBCODE APPROVAL:

☐ CO ☐ CCG ☐ CA
Approved by: [Signature]
Date: 11/4/94

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

Dates (Month/Day)

11/4/94
11/4/94
[Signature]

D. TECHNICAL SITE DATA (List all fixtures.)
ELECTO GAS FURNACE

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

Administrative Surcharge \$ 10
Paid ☐ Check # _____ Minimum Fee \$ 45
DCA Training Fee \$ 45
Collected by: _____ TOTAL \$ 45

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]
Signature—Contractor Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant



TOLL FREE
1-800-794-0573

PLUMBING • HEATING • AIR CONDITIONING

MAIN OFFICE

1133-A INDUSTRIAL PARKWAY, BRICKTOWN, NEW JERSEY 08724
BRICKTOWN
438-7700

LAKEWOOD
363-0833

90 LAKEWOOD
EAST BRUNSWICK, NJ
238-4800

Septemebr 29, 1994

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

Re: Green Briar
Conversion of heating systems

Permit applications for the conversion of Green Briar heating systems:

Robert Carbone Co. Inc. will provide installation of gas pipe for gas furnace conversion and where applicable, hot water heater. We will also install gas pipe for future appliance conversion of stove and dryer. Future appliance conversion at the present time will remain the same.

We authorize the Building Department, Township of Brick to make any and all changes previously submitted by Robert Carbone Co. Inc.

Very truly yours,

Robert Carbone