BLOCK 678 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 745 Pine Drive PERMIT NO. 09-2589

CONSTRUCTION PERMIT APPLICATION C09-003417

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

I. IDENTIFICATION

1. Proposed Work Site at: 745 Pine Drive
2. Na [redacted] Berry
   Tel [redacted] mail _____
   Address SAME
3. Ownership in Fee: (enter) Public _____ Private (municipality) / (zip code)
4. Principal Contractor: POINT BAY FUEL Tel. (732) 349 5059
   Address 71 IRONS ST. e-mail _____
   TOMS RIVER NJ 08753
   License No. OR, if new home, Builder Reg. No. BVH0 1149900 Exp. Date 12/09
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-1817388 FAX: (732) 349 1788
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun
   Tel. (732) 349 5059 FAX: (732) 349 1788

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 45 ✓		
2. Electrical	40 ✓		
3. Plumbing	95 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 9		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other 20	33.33		
13. TOTAL	$ 214		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		KD	9/22/09						
☒ Electrical	500 —			9-29-09	10-8-09	JB	2 PERMITS JB	10-1-09	
☒ Plumbing	5000 —			9-29-09		BJ	10-6-09	10-1-09	BJ BJ
☒ Fire Protection	250 —				9/29/09	RW			
☐ Elevator									
TOTAL COST	5750 —								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

U.C.C. F100-1 (rev. 12/07)

Bucklown

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(f)1.ix:

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. 5:23-2.15(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 POINT BAY FUEL

Address 71 IRONS ST.
TOMS RIVER NJ 08753

Telephone (732) 349 2259

Signature Bob Valentine

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.									
☑ Emergency	N/A	MAK	9/23/09						
☐									

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. _____	_____	_____	_____	_____

IMPORTANT
A.H.B.T. - EXEMPT

BLOCK 678 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 745 Pine Drive PERMIT NO. 09-2589

CONSTRUCTION PERMIT APPLICATION 109-003417

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

I. IDENTIFICATION

1. Proposed Work Site at: 745 Pine Drive
2. Name of Owner: Daniel Berry
   Tel [redacted]
   Address SAME
3. Ownership In Fee: street Public _____ Private municipality ✓ zip code
4. Principal Contractor: POINT BAY FUEL Tel. (732) 349 5059
   Address 71 IRONS ST. e-mail _____
   TOMS RIVER NJ 08753
   License No. OR, if new home, Builder Reg. No. BVH0 1149900 Exp. Date 12/09
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-1817388 FAX: (732) 349 1788
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun
   Tel. (732) 349 5059 FAX: (732) 349 1788

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 45 ✓		
2. Electrical	45 ✓		
3. Plumbing	95 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 9		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other 20	35.00		
13. TOTAL	$ 214		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		KP	9/22/09						
☒ Electrical	500 —			9-29-09	10-8-09	MB	2 PERMITS ISSUED	10-1-09	
☒ Plumbing	5000 —			9-29-09		BJ	10-6-09	10-1-09	BJ BJ
☒ Fire Protection	250 —				9/28/09	BJ			
☐ Elevator									
TOTAL COST	5750 —								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained Sale
   - Gained Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

U.C.C. F100-1 (rev. 12/07)

Brickstown

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/17/2009
Control Number C-09-003417
Permit Number 09-2589
Permit Issue Date 10/19/2009
Certificate Number 09-2589

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 745 PINE DR. Brick Township, NJ Block: 678 Lot: 6 Qual:

Owner in Fee: BERRY, JOSEPH L

Owner Address: 745 PINE DR BRICK NJ 08723

Telephone: [redacted]

Contractor POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ 08753-

Telephone: (732) 349-5059 Fax:

License Number or Builders Registration Number: 13VH01149900 Federal Emp. Number: 22-1817388

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: AIR CONDITIONER, REPLACEMENT HOT AIR FURNACE

Certificate Comments:

☐ **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 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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/17/2009 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 10-9-09
Control # C-09-003417
Permit # 092589

IDENTIFICATION Block: 678 Lot: 6 Qualifier

Work Site Location: 745 PINE DR. Brick Township, NJ

Owner in Fee: BERRY, JOSEPH L
745 PINE DR BRICK NJ 08723

Telephone: [redacted]

Contractor: POINT BAY FUEL INC
Address: 71 IRONS ST. TOMS RIVER NJ 08753-

Telephone: (732) 349-5059
Lic. No. or Bldrs. Reg. No. 13VH01149900
Federal Employee. No. 22-1817388

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

AIR CONDITIONER, REPLACEMENT HOT AIR FURNACE

Note: If constuction 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 $5,750

Construction Official

10-9-09
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$45
Plumbing	$40
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	
Other	$30
Total	$214
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

#092589
ELECTRIC $45.00
PLUMBING $40.00
FIRE $90.00
DCA $9.00
??? $30.00

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-2589

Date Issued / Permit # 10-19-09

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 Pine Drive Brick

Owner in Fee Joseph Berry

Tel [redacted]

Address

Contractor: POINT BAY FUEL (street) 71 IRONS ST. (municipality) TOMS RIVER NJ 08753 (zip code) Tel. (732) 349-5059

Address e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01149900

Federal Emp. ID No. 221-817-388 FAX: (732) 349-1788

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [X] Existing [ ] HVAC

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

[ ] Other

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [X] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $ 250 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 9/28/09

Approved by: RW

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 10/30/09

Approved by: DB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng System				
Mechanical	10/30		10/30	DB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	10/30		10/30	DB
Other				

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

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. Bob Valentine

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace oil Furnace Install Condenser & Coil

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		CO Detector
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1 co	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other Replace Oil Furnace	1	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [X] Oil		45
Fireplace Venting/Metal Chimney		
Other Install Condenser & Coil	1	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 10-19-09

Date Issued Permit # 09.2589

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 Pine Dr Brick

Owner in Fee: Daniel Berry

Tel [redacted] e-mail

Address 745 Pine Dr Brick (street, municipality)

Contractor: POINT BAY FUEL 71 IRONS ST. TOMS RIVER NJ 08753 (zip code) Tel. (732) 349-5059

Address e-mail

Contractor License No. 13VH01149900 Exp. Date 12/31/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-1817388 FAX: (732) 349-1788

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 5000—

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 10-6-09

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 10-29-09

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10/29/09	MD

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.

BOB Valentine

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace oil Furnace, Install Condenser / Coil

QTY.	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	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Replace oil Furnace	
1	Other Install Condenser & Coil	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

U.C.C. F130 (rev. 7/05) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

A/C by 30 Oaks

Date Received 10-9-09
Control #
Date Issued
Permit # 09-2589

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 Pine Dr

Owner in Fee Joseph Berry
SAME
Address

Tel [redacted]

Contractor POINT BAY FUEL, INC.
Address 71 INGES STREET
TOMS RIVER, NJ 08753
Tel (732) 349-5059 FAX (732) 349-1788
Contractor License No. 13VH01149900
Federal Emp. No. 22-1817388

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500 —

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.

Bob Valentine
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	
1	3	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Replace Oil Furnace	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required	10-8-09	

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-27-09
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/23/09	CO
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

BRICK

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received / Control # 10-19-09

Date Issued / Permit # 092589

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 PINE DR BRICK

Owner in Fee: BERRY

Tel. ([redacted] e-mail

Address (street, municipality, zip code)

Contractor: A. SURF ELECTRIC Tel. ( ) 477-5979

Address 574 MANTOLOKING RD e-mail

BRICK

Contractor License No. 9516 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-2769907 FAX: ( )

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

[X] No Plans Required 10-8-9 AS

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
X		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
X		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ELECTRICAL SUBCODE
TECHNICAL SECTION

A/C by OAES

Date Received 10-1-04
Control #
Date Issued
Permit # 04-2504

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 Pine Dr

Owner In Fee Joseph Berry
Address SAME
[redacted]
Tel

Contractor POINT BAY FUEL, INC.
Address 71 IRONS STREET
TOMS RIVER, NJ 08753
Tel (732) 349-5059 FAX (732) 349-1788
Contractor License No. 13VH01149900
Federal Emp. No. 22-1817388

B. ELECTRICAL CHARACTERISTICS

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

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.

BOB Valentine
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
1		HP Garbage Disposal	
1		KW Central A/C Unit	
1	3	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Replace Oil Furnace	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date	Initial
10-4-04	

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

BRICK

ELECTRICAL SUBCODE
TECHNICAL SECTION

Ending of Construction

Date Received Control # 10-19-07

Date Issued Permit # 092589

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 PINE DR BRICK

Owner in Fee: [redacted]

Tel. ( ) e-mail

Address (street, municipality, zip code)

Contractor: A. SURF ELECTRIC Tel. ( ) 477-5974

Address 574 MANTOLOKING RD e-mail

BRICK

Contractor License No. 9516 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-2769907 FAX: ( )

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

[X] No Plans Required 10893AS

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
X		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
X		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/07) Reorder from OCS Printing 609-390-1400

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 10-17-07

Date Issued Permit # 34388

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

Block 178 Lot 6 Qualification Code

Work Site Location 745 PINE DR
BRICK

Owner in Fee [redacted]

Tel. ( ) e-mail

Address
street municipality zip code

Contractor: A. SURF ELECTRIC Tel. ( ) 477-5979

Address 574 MANTOLOKING RD e-mail
BRICK

Contractor License No. 9516 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-2769407 FAX: ( )

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

[X] No Plans Required 10-9-07

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
X		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
X		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3	KW Central A/C Unit ✓	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/07) Reorder from OCS Printing 609-390-1400

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 745 PINE DR BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 678 Lot: 6 Qual:
745 PINE DR.
Permit Number: Control Number: C-09-003417
Last Submit Date: Thursday, October 01, 2009

Date: Thursday, October 01, 2009

Dear BERRY, JOSEPH L,

The following comments were made during the Plan Review process:
submit b.t.u. input&output of both new&old units or heat loss for new unit

10/1/09-same as above

Sincerely,

Robert Wennlund, Subcode Official

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 10-19-09

Date Issued Permit # 09-3589

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 Pine Dr Brick

Owner in Fee: Robert Berry

Tel. [redacted]

Address none (street)

Contractor: POINT BAY FUEL (municipality) Tel. (732) 349-5059

Address 71 IRONS ST. TOMS RIVER NJ 08753 (zip code) e-mail

Contractor License No. 13VH01149800 Exp. Date 12/31/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-1817388 FAX: (732) 349-1788

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 5000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 10-6-09

Approved by: MC

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
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.

Bob Valentine

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace oil Furnace
Install Condenser / Coil

QTY.	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	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks 115,000	
1	Other Replace oil Furnace	
1	Other Install Condenser & Coil	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-14-09

Date Issued / Permit # 09-3585

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 Pine Dr

Brick

O [redacted] Berry

T [redacted] ail

Address Toms River

street municipality zip code

Contractor: POINT BAY FUEL 71 IRONS ST. TOMS RIVER NJ 08753 Tel. (732) 349-5059

Address e-mail

Contractor License No. 13VH01144908 Exp. Date 10/31/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-1817388 FAX: (732) 349-1788

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 10-16-09

Approved by: Tom

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
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.

BOB Valentine

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace oil Furnace
Install Condenser Coil

QTY.	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	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
2	Stacks	110.00
1	Other Replace oil Furnace	
1	Other Install Condenser & Coil	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

U.C.C. F130 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Electrical Plan Review

Control Number: C-09-003417 Permit Number: Tube Number:
Application Date: 09/23/2009 Permit Issue Date:
Received Date: 09/29/2009 Result: Fail Result Date: 09/29/2009

Work Site Location: 745 PINE DR. Brick Township, NJ
Block: 678 Lot: 6 Qualifier:
Owner: BERRY, JOSEPH L
Owner Address: 745 PINE DR BRICK NJ 08723
Telepho [redacted]
Agent: POINT BAY FUEL INC
Agent Address: 71 IRONS ST TOMS RIVER NJ 08753-
Telephone: (732) 349-5059
Contractor: POINT BAY FUEL INC
Contractor Address: 71 IRONS ST TOMS RIVER NJ 08753-
Telephone: (732) 349-5059
Engineer:
Engineer Address:
Telephone:
Architect:
Architect Address:
Telephone:

Resubmit 16-03-08

Plan Review Comments:

A/C MUST BE NEW JERSEY LICENSED ELECTRICAL CONTRACTOR TO PERFORM THE ELECTRICAL WORK...

Plan Review Subcode Notes

A/C will be done by others.

PLEASE PROVIDE ELECTRICAL SUBCODE CARD FOR THE CONDENSER

10/7/08 Change of Contractor

POINT BAY FUEL, INC.

HEATING AND COOLING

71 Irons Street, Toms River, N.J. 08753

www.pointbayfuel.com email: info@pointbayfuel.com

Toms River	(732) 349-5059	Pt. Pleasant	(732) 892-0034
Lakewood	(732) 367-2400	Barnegat Area	(609) 693-6461

FAX TRANSMITTAL

FAX # (732) 349-1788

DATE: 10/1/09

TO: Kim

COMPANY: Bricktown Bldg Dept

FAX #: (732) 262-8954

FROM: Linda EXT 104 PAGE: 1 OF 2

As per your request ☒ For your information ☐

Call upon receipt ☐ For your Approval ☒

COMMENTS: BLK 678 / LOT 6
745 Pine Drive

BTU INPUT/OUTPUT ATTACHED
FOR PERMIT RELEASE

HAD SALEMEN CALL CUSTOMER
TO SUBMIT LICENSED ELECTRIC TECH
FOR CONDENSER/COIL

15G
Rev 05/03

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-2585

Date Issued / Permit # 10-19-09

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 Pine Drive Brick

Owner [redacted]

Tel.

Address POINT BAY FUEL

Contractor: 71 IRONS ST. TOMS RIVER NJ 08753 Tel. (732) 349-5059

Address e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01149900

Federal Emp. ID No. 221-817-388 FAX: (732) 349-1788

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [X] Existing [ ] HVAC

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

[ ] Other

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [X] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $ 250 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 9/28/09

Approved by: RW

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

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. BOB Valentine

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace oil Furnace Install Condenser & Coil

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1 co	Detector
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other Replace Oil Furnace	1	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [X] Oil		
Fireplace Venting/Metal Chimney		
Other Install Condenser & Coil	1	
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 04 0584

Date Issued Permit # 10-19-09

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 Pine Drive Brick

Owner in Fee Daniel Barry

Tel ([redacted]

Address

Contractor: POINT BAY FUEL (municipality) Tel. (732) 349-5059

Address 71 IRONS ST. TOMS RIVER NJ 08753 (zip code) e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01149900

Federal Emp. ID No. 221-817-388 FAX: (732) 349-1788

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [X] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar [ ] New OR [X] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 250 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 9/28/09

Approved by: RW

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

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. BOB Valentine

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Oil Furnace Install Condensate Coil

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		CO Detector
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1 co	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other Replace Oil Furnace	1	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [X] Oil		
Fireplace Venting/Metal Chimney		
Other Install Condensate Coil	1	
		Administrative Surcharge $
		Minimum Fee $
		State Permit Surcharge Fee $
		TOTAL FEE $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 1-1-01

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

Block 618 Lot 6 Qualification Code

Work Site Location 745 Pine Brook Brook

Owner in Fee Daniel Berry

Tel. [redacted]

Address (street, municipality, zip code)

Contractor: POINT BAY FUEL Tel. (732) 349-5059

Address 71 IRONS ST. TOMS RIVER NJ 08753 e-mail

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01149900

Federal Emp. ID No. 221-817-388 FAX: (732) 349-1788

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [X] Existing [ ] HVAC

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

[ ] Other

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [X] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 250 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 9/28/01

Approved by: RJW

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

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. BWB Valentine
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Oil Furnace Instal Condensing Coil

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		CO Detectors
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1 co	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other Replace Oil Furnace	1	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [X] Oil		
Fireplace Venting/Metal Chimney		
Other Instal Condenser 1 Coil	1	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

POINT BAY FUEL, INC.
HEATING AND COOLING
71 IRONS STREET, TOMS RIVER, NJ 08753
1-800-349-3835
TOMS RIVER (732) 349-5059 _ FAX (732) 349-1788
PT. PLEASANT (732) 892-0034 _ LAKEWOOD (732) 367-2400
SOUTHERN OCEAN COUNTY (609) 693-6461
www.pointbayfuel.com email: info@pointbayfuel.com

10/1/09

CUSTOMER NAME: JOSEPH BERRY

CUSTOMER ADDRESS: 745 PINE DRIVE

BLOCK: 678

LOT: 6

QUAL: _____

OLD FURNACE:

INPUT: 105,000

OUTPUT: 85,000

NEW FURNACE:

INPUT: 119,000

OUTPUT: 97,000

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 745 PINE DR BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 678 Lot: 6 Qual:
745 PINE DR.
Permit Number: Control Number: C-09-003417
Last Submit Date: Monday, September 28, 2009

Date: Tuesday, September 29, 2009

Dear BERRY, JOSEPH L,

The following comments were made during the Plan Review process:
submit b.t.u. input&output of both new&old units or heat loss for new unit

Faxed 9/29/09 KB

Sincerely,

Robert Wennlund, Subcode Official

Work Site Location:	745 PINE DR. Brick Township, NJ
	Block: 678 Lot: 6 Qualifier:
Owner:	BERRY, JOSEPH L
Owner Address:	745 PINE DR BRICK NJ 08723
Telephone:	(732) 477-0959
Agent:	POINT BAY FUEL INC
Agent Address:	71 IRONS ST TOMS RIVER NJ 08753-
Telephone:	(732) 349-5059
Contractor:	POINT BAY FUEL INC
Contractor Address:	71 IRONS ST TOMS RIVER NJ 08753-
Telephone:	(732) 349-5059
Engineer:	
Engineer Address:	
Telephone:	
Architect:	
Architect Address:	
Telephone:	

Plan Review Comments:

A/C MUST BE NEW JERSEY LICENSED ELECTRICAL CONTRACTOR TO PERFORM THE ELECTRICAL WORK..

Plan Review Subcode Notes

Date Printed: 09/29/2009

Page 1

Telephone Number	Mode	Start	Time	Page	Result	Note
7323491788	NORMAL	29,13:48	0'33"	2	* O K	

P.1

Sep 29 2009 13:49

** Transmit Conf. Report **

Land Use/ Bldg Dept Fax:732-262-8954

POINT BAY FUEL, INC.
HEATING AND COOLING
71 IRONS STREET, TOMS RIVER, NJ 08753
1-800-349-3835
TOMS RIVER (732) 349-5059 _ FAX (732) 349-1788
PT. PLEASANT (732) 892-0034 _ LAKEWOOD (732) 367-2400
SOUTHERN OCEAN COUNTY (609) 693-6461
www.pointbayfuel.com email: info@pointbayfuel.com

September 15, 2009

Bricktown
Building Dept.

Re: 745 Pine Drive
Block: **678**
Lot: **6**

To Whom it may Concern:

Point Bay Fuel, Inc. will not be doing any of the electric work for the install of the condenser and coil. The homeowner has hired their own electrician. If you have any questions please feel free to call 732-349-5059 ext. 104.

Thank you

Linda Dunn
Installation Department

Township of Brick
Zoning Permit

Approved: Wednesday, September 23, 2009 **Number:** 2009-727

Block 678 **Lot** 6 **Zone:** R-7.5

Property Address: 745 Pine Drive

Applicant: Bob Valentine; Point Bay Fuel

Property Owner: Joseph Berry

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Condenser for air-conditioning.

Conditions: The condenser must be set back at least six (6) feet from the side property lines and at least 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
Administrative Officer

Sean Kinnevy, Zoning Officer
Zoning Reviewer

Township of Brick
Zoning Permit

Approved: Wednesday, September 23, 2009 **Number:** 2009-727

Block 678 **Lot** 6 **Zone:** R-7.5

Property Address: 745 Pine Drive

Applicant: Bob Valentine; Point Bay Fuel

Property Owner: Joseph Berry

Existing Use: Single Family Residential

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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
Administrative Officer

Sean Kinnevy, Zoning Officer
Zoning Reviewer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

RECEIVED
SEP 23 2009
SK/JT

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 678 LOT 6 QUALIFIER

PROPERTY ADDRESS 745 Pine Drive

PERSONAL NAME OF APPLICANT Bob Valentine

BUSINESS NAME OF APPLICANT POINT BAY FUEL

MAILING ADDRESS OF APPLICANT ~~71 IRONS ST.~~ TOMS RIVER NJ 08753

PROPERTY OWNER'S FULL NAME Joseph Berry

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-dwelling
☐ Commercial (please describe)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) Height
☐ Addition - Height
☐ Alteration
☐ Porch or deck - Height
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) CONDENSER

CHECKLIST

☑ All information completed above
☑ Two (2) copies of a plot plan 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.

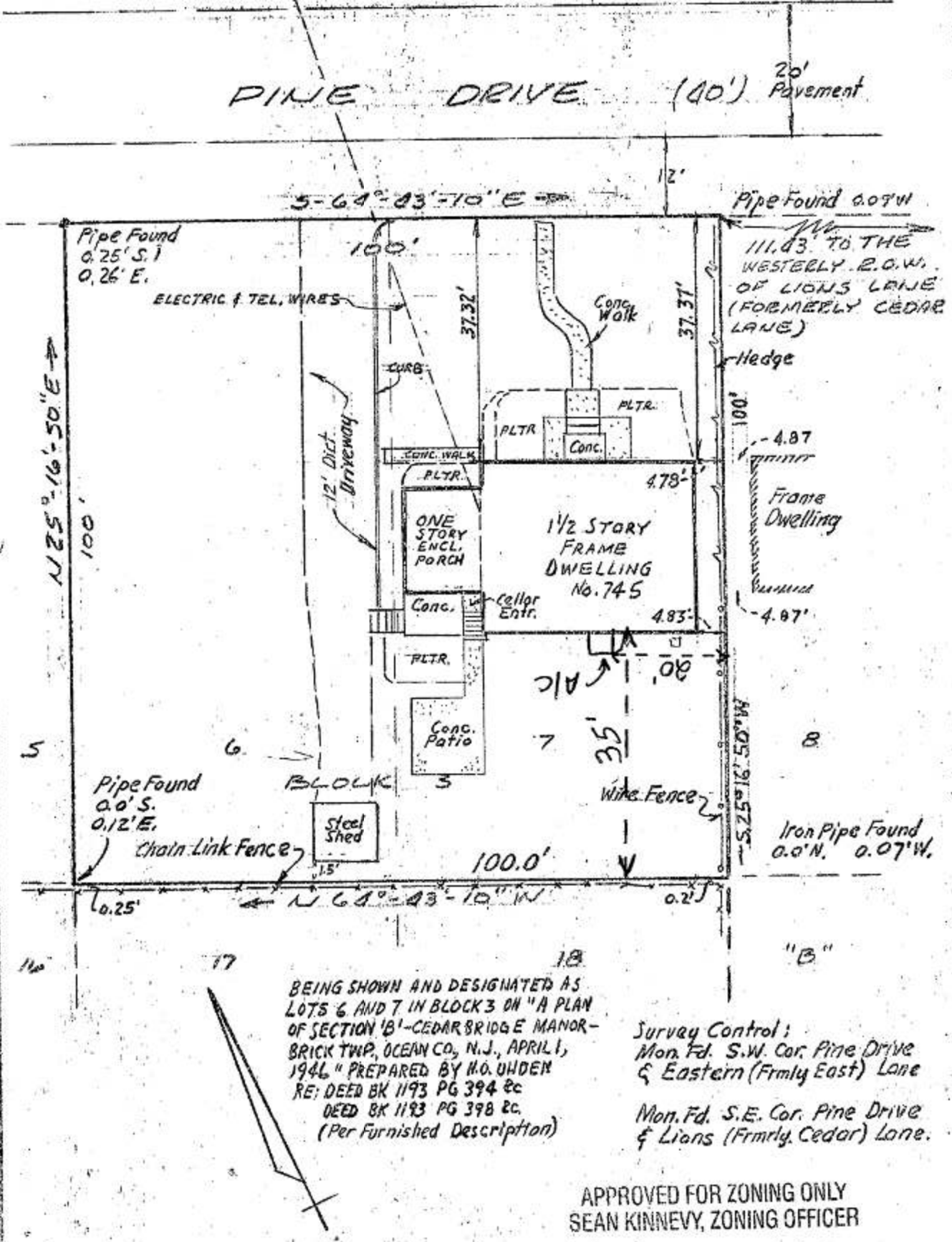
Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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 Bob Valentine Date 9/15/09

Reviewed by Zoning Office SK/JT Date 9/23/9 (X) Approved ( ) Denied

JCB 9/22/09



BEING SHOWN AND DESIGNATED AS LOTS 6 AND 7 IN BLOCK 3 ON "A PLAN OF SECTION 'B'-CEDAR BRIDGE MANOR-BRICK TWP., OCEAN CO., N.J., APRIL 1, 1946" PREPARED BY H.O. UHDEN
RE: DEED BK 1193 PG 394 &c
DEED BK 1193 PG 398 &c.
(Per Furnished Description)

Survey Control:
Mon. Fd. S.W. Cor. Pine Drive & Eastern (Frmly East) Lane

Mon. Fd. S.E. Cor. Pine Drive & Lions (Frmly. Cedar) Lane.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
SEP 23 2009

CERTIFIED TO: JOSEPH L. BERRY & LORETTA A. BERRY, HIS WIFE; JERSEY MORTGAGE COMPANY AND/OR THEIR ASSIGNS; AND ANY TITLE COMPANY LICENSED TO DO BUSINESS IN THE STATE OF NEW JERSEY.

MAP OF PROPERTY
SITUATE IN THE
TOWNSHIP OF BRICK
OCEAN COUNTY, N.J.
SCALE: 1"=20' JUNE 9, 1976

GEORGE F. KEPPLER

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 9/15/09

Block: 678 Lot: 6

Property Address: 745 Pine Drive

I, Bob Valentine (name) of POINT BAY FUEL 71 IRONS ST. TOMS RIVER NJ 08753 (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Bob Valentine
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 678 LOT 6 PERMIT # _____

WORK SITE ADDRESS 745 Pine Rd Brick

Applicant POINT BAY FUEL

Certifying individual Bob Valentine Company 71 IRONS ST.

Address _____ TOMS RIVER NJ 08753

Street City State Zip Code

Tel. (732) 349-5059

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

R Valentine 9/14/09
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ _____
Signature Date

Direct Vent Appliance:

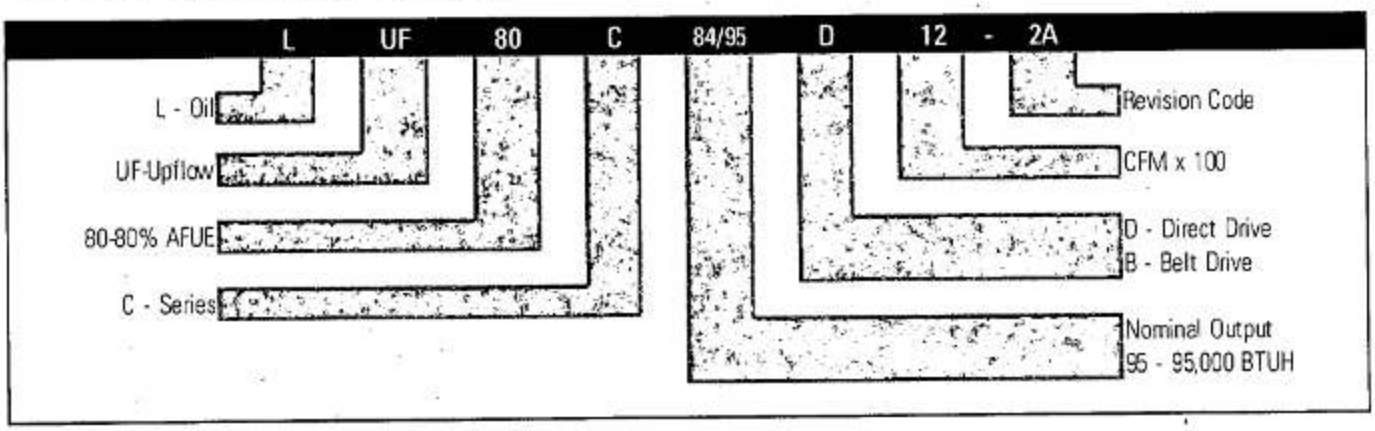
No certification required:

_____ _____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/99)

Model Number Guide



Physical & Electrical

Model	Nozzle Size	Input (Btuh)	Output (Btuh)	AFUE (ICS)	Nom. Cooling Capacity	Flue Dia. (in.)	Filter Size (in.)	Volts/ Hz/Phase	Max. Time Delay Breaker or Fuse (amp)	Trans. (V.A.)	Weight (lb.)
LUF80C57/72D12	.50GPH-80°A	70,000	58,000	83	2.0 - 3.0	6	16 x 25	120/60/1	15	40	225
	.65GPH-80°B	90,000	74,000								
LUF80C84/95D16	.65GPH-80°B	105,000	85,000	81	2.5 - 4.0	6	16 x 25	120/60/1	15	40	225
	.75GPH-80°B	119,000	97,000								
LUF80C112/125D20	.85GPH-80°B	140,000	113,000	81	3.0 - 5.0	6	(2) 16 X 25[2]	120/60/1	15	40	275
	1.00GPH-80°B	154,000	125,000								
LUF80C57B08	.50GPH-80°A	70,000	57,000	82	2.0 - 2.5[1]	6	16 x 25	120/60/1	15	12[3]	230
LUF80C84/95B10	.65GPH-80°B	105,000	85,000	81	2.0 - 3.5[1]	6	16 x 25	120/60/1	15	12[3]	230
	.75GPH-80°B	119,000	97,000								
LUF80C112/125B16	.85GPH-80°B	140,000	113,000	81	4.0 - 5.0[1]	6	(2) 16 x 25[2]	120/60/1	20	12[3]	280
	1.00GPH-80°B	154,000	125,000								

[1] See Table for Alternate Motors for Cooling Combinations
[2] Requires return air be brought to both side above 1600 CFM
[3] Heating only. Additional transformer required for cooling applications.
Note: Units shipped with filter(s) for side return.
Note: All models are rated at 140 psi pump pressure except the LUF80C57/72 which is rated at 100 psi

Alternate Motors for Cooling Combinations - Belt Drive

Model	Nominal Cooling Capacity (tons)	Motor Size (hp)	Blower Size	Motor Pulley (in.)	Motor Pulley Adjustment	Blower Pulley (in.)	Belt Size (in.)	CFM @ ext. static pressure - in. W.C. .20	.30	.40	.50
LUF80C57B08	2.0 - 2.5	1/4	10 x 8	4	Closed	7	41	1,170	1,154	1,070	975
LUF80C84/95B10	2.0 - 3.5	1/2	10 x 8	4	Closed	6	39	1,550	1,495	1,430	1,370
LUF80C112/125B16	4.0 - 5.0	3/4	12 x 9	3 1/4	Closed	5	36	1,990	1,925	1,850	1,820

Note: Field converted with different size motor for cooling applications.

AIREASE

HIGH EFFICIENCY, SPLIT SYSTEM AIR CONDITIONING CONDENSING UNITS - 13 S.E.E.R. - R-22

2SCU13LE Series

· 1-1/2 thru 5 ton cooling

Features...

- High efficiency scroll compressor with sound blanket for quiet operation.
- Controls mounted in corner post for easy access and service.
- Filter drier installed for system protection
- Easily removable, full metal louvered jacket coil guard protection
- Top discharge, PVC coated, wire fan grille
- External service valves positioned for quick installation and service.
- Indoor coil orifice shipped with outdoor unit for optimum efficiency
- Pre-charged for 15 ft. of line.
- Raised coil to prevent debris from collecting in bottom of coil and causing loss of airflow.

10 YEAR WARRANTY ON COMPRESSOR

5 YEAR WARRANTY ON PARTS

The 2SCU13LE series condensing units are built to achieve maximum efficiencies while maintaining compact physical size. Units are matched with a complete selection of coils and air handlers to provide easy application on new and/or replacement applications. Heavy gauge cabinet with rounded corners, combined with the overall baked paint finish create an esthetically appealing and noticeable quality constructed unit. Quiet, top discharge design with enhanced copper tube with aluminum fin condenser coil for high efficiency operation in ambient temperatures up to 125 degrees F. Units utilize standard, proven, trade available components. 208/230 volt – 1 ph

CAT. NO.	MFG. NO.	COOLING BTUH	CIRCUIT AMPACITY	MAX. FUSE AMPS	CONNECTIONS LIQUID	CONNECTIONS SUCTION	DIMENSIONS H x W x D	SOUND RATING DBA	CHARGE	WEIGHT	EACH
30H1080	2SCU13LE118	18,000	10.7	15	3/8	3/4	29-3/4 x 24-3/4 x 26-3/4"	73	64	155	$1593.86
30H1081	2SCU13LE124	24,000	14.1	20	3/8	3/4	33-3/4 x 24-3/4 x 26-3/4"	75	72	157	$1712.76
30H1082	2SCU13LE130	30,000	18.7	30	3/8	3/4	29-3/4 x 24-3/4 x 26-3/4"	75	85	175	$1848.65
30H1083	2SCU13LE136	36,000	19.1	30	3/8	7/8	29-3/4 x 24-3/4 x 26-3/4"	75	111	180	$2123.24
30H1084	2SCU13LE142	42,000	25.7	45	3/8	7/8	33-3/4 x 24-3/4 x 26-3/4"	77	111	200	$2341.24
30H1085	2SCU13LE148	48,000	25.9	45	3/8	7/8	37-3/4 x 29-3/8 x 31-3/4"	77	204	250	$2680.96
30H1086	2SCU13LE160	60,000	33.3	60	3/8	1-1/8	43-3/4 x 29-3/8 x 31-3/4"	77	214	260	$3077.30

ACCESSORIES FOR 2SCU13LE SERIES CONDENSING UNITS

CAT. NO.	MFG. NO.	DESCRIPTION	USE WITH	EACH
11H0679	24H77	Low ambient kit	All units	
30H815	94J46	High pressure switch kit	All units	$39.60
30H1097	84M23	Loss of charge kit	All units	$42.57
30H816	10J42	Hard start kit	All units	$82.27
30H298	ATIMR446-1	Short Cycle Protection Timer Kit	All units	$33.67

MATCHED SYSTEM GUIDES FOR 2SCU13LE SERIES ARE ON PAGES 16 – 22

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Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
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HAS REGISTERED

Point Bay Fuel Company
Jack Chadwick
71 Irons Street
Toms River NJ 08753

FOR PRACTICE IN NEW JERSEY AS A N/J Home Improvement Contractor

11/13/2008 TO 12/31/2009
VALID

13VH01149900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

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Division of Consumer Affairs
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HAS REGISTERED
Point Bay Fuel Company
Home Improvement Contractor

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