BLOCK 545 LOT ~~6~~ 6 ADDRESS (SITE) 450 JACKSON AVE PERMIT NO. 1018-97

RECEIVED
APR 18 1997
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 450 JACKSON AVE
2. Name of Owner in Fee: SAmuel Reynolds [redacted]
   Address 63 Channel DR (street) Brick (municipality) NJ. 08723 (zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: Kristi Shay Cont Te[redacted]
   Address 63 Channel DR Brick 08723
   License No. OR, if new home, Builder Reg. No. 26379 Exp. Date 10-98
   Federal Emp. No[redacted] Social Security No. [redacted]
5. Architect or Engineer DCS Tel. (708) 364-1100
   Address 3rd St Lakewood
6. Responsible Person in Charge of Work SAmuel Reynolds Tel. [redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	469.	35	
2. Electrical				
3. Plumbing		175		
4. Fire Protection		175		
5. Elevator Devices				
6. Subtotal	$	819		
7. Less 20% for State Plan Review				
8. Subtotal	$		15	
9. DCA Training Fee		30		
10. Subtotal	$			
11. Cert. of Occupancy		50		
12. Other 2PA+PP		20.00		
13. TOTAL	$	919	950	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	15' ft.	
3. Area—Largest Floor	302 sq. ft.	
4. New Building Area	~~963~~ 1255 sq. ft.	
5. Volume of New Structure	~~14,451~~ cu. ft.	18754
6. Construction Classification	R-4	
7. Total Land Area Disturbed	1575 sq. ft.	
8. Flood Hazard Zone	—	
9. Base Flood Elevation	— ft.	
10. Wetlands yes	sq. ft.	
(no)		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	35,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
WP					7/8/97		OK
			4/24/97 4/28/97		5/19/97 7/17/97		OK
Elec-1	4/28/97						
Eng	4/23/97 4/23/97	4/23/97					
					4/23/97		JP

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 10206340

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 Sam Reynolds

Address 63 Channel DR Brick N.J. 08723

Telephone (908) 477-4665 Beeper 506-8509

Signature Saml Rynl Date 4-17-97

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									
☐ 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.									
☐									
☐									

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. 1018	8-21-97			
☐ Certificate of Approval	No.				

CERTIFICATE

Date Issued 08-21-97
Control #
Permit # 1018-97

IDENTIFICATION

Block 545 Lot 6
Work Site Location 450 Jackson Avenue
Brick, NJ 08723
Owner in Fee Samuel Reynolds
Address 63 Channel Drive
Brick, NJ
Tele [redacted]
Contractor Kristi Shay Contr
Address 63 Channel Drive
Brick, NJ 08723
Tele. [redacted]
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. _____
or Social Security No. [redacted]

Home Warranty No. 125823
Use Group R 3 1 hour
Maximum Live Load _____
Description of Work/Use:

S.F.Dwelling

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

CERTIFICATE OF OCCUPANCY/APPROVAL

xx[x] CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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:

J Cuniazza
CONSTRUCTION OFFICIAL

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

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

INSPECTOR: Rich Copeland

DATE: 7/29/97

JOB: SECTION:

TYPE OF WORK: CO

WEATHER: Clear

LOCATION: 450 Jackson Ln

TEMPERATURE: 70

BLOCK: 545 LOT: 6

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	Seeded	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	none	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

4- Roof drains do not go into ground. They are above ground

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

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

CONSTRUCTION PERMIT

Date Issued 4-28-97
Control #
Permit # 1018-97

NTIFICATION Block 545 Lot 6

rk Site Location 450 Jackson Ave
her In Fee Samuel Reynolds
dress same
e. ( )

Contractor Kristi Shay Con
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

ereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

SCRIPTION OF WORK:

S.F. dwelling 1,255. 18,754.

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

mated Cost of Work $ 35,000.

C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	469 BUILDING
Plumbing	175 PLUMBING
Electrical	FIRE
Fire Protection	175 E.P.
Other	5.10
Other	Eng 15. ZONE PLOT
DCA Training Fee	3 ENC PER.
Cert. of Occ.	82 TOTAL
Other	30 15. CHECK
Total	961. CHANGE
Check No.	04/23/97 No. 5 0022A015
Cash	
Collected By:	

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

RE-Submitted Stop-11

8/2/11

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE

Date Update Issued

Control #

Permit # BD/181

Date Permit Issued

TIFICATION Block 545 Lot 6

Site Location 450 JACKSON AVE

Contractor Kristi Shay Corp

Address 450 Jackson Ave
63 Channel Dr

er in Fee Samuel Reynolds

ess 63 Channel Dr Brick

Tele. [redacted]

Lic. No. or Bldrs. Reg. No. 26379

Federal Emp. No. _____

or Social Security No. [redacted]

ereby granted permission to perform the following work:

BUILDING [ ] PLUMBING [ ] OTHER Fence

ELECTRICAL [ ] FIRE PROTECTION

ELEVATOR DEVICES

CWV/6/10/97
SL

CRIPTION OF WORK: Fence 6' Stockade

mated Cost of Work $ 500.00

Joe Cuvoggio / Frank Mye

CONSTRUCTION OFFICIAL

PAYMENTS *(Office Use Only)*

Building 35

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA Training Fee _____

Cert. of Occ. _____

Other ZBA $15

Total 50

Check No. 801

Cash _____

Collected By: L Ord

C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/21/97
Date Issued
Control # 1018-97
Permit # (update)

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

Block 545 Lot 6
Work Site Location 450 JACKSON Ave
Owner in Fee SAMUEL Reynolds
Address 63 Channel DR BRICK
[redacted]
Contractor Kristi Shay (Owner)
Address 63 Channel DR
Brick 08723
Tele. (____)
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. _____ or Social Security [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature Samuel Reynolds

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

6' Stockade fence

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	6/11/97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8/21/97	

FENCE IS IN REPR only

B. BUILDING CHARACTERISTICS

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [X] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$ _____

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

8/21/97

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 1618-97 (Update)
Permit #

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

Block 545 Lot 6
Work Site Location 450 JACKSON Ave
Owner in Fee SAMUEL Reynolds
Address 63 Channel DR. Brick
[redacted]
Contractor Kristi Shay Cont.
Address 63 Channel DR
Brick 08723
Tele. (____)
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. _____ or Social Security [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature Samuel Reynolds

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

6' Stockade fence

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	6/11/97	JFm
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [X] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

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

U.C.C. Form F-110B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4/28/97
Control #
Permit # 1018-97

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

Block 545 Lot 6
Work Site Location 450 Jackson Ave
Brick
Owner in Fee Sam Reynolds
Address 63 Channel Dr
Brick NJ. 08723
T [redacted]
Contractor Kristi Shay Const.
Address 63 Channel Dr
Brick NJ. 08723
Te [redacted]
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. _____ or Social Security N [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Samuel Reynolds
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New single family Ranch
w/ Garage

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/25	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 7-8-97		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			4-29-97	
Foundation			5/5/97	
Slab				
Frame			5/14/97	
Insulation			5/15/97	
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			7/8/97	

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 963 1255 Sq. Ft.
Volume of New Structure 14,911 18754 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 35,000
2. Alteration $ _____
3. Total (1+2) $ _____

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4/28/97
Control #
Permit # 1018-97

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

Block 545 Lot 6
Work Site Location 450 Jackson Ave
Brick
Owner in Fee Sam Reynolds
Address 63 Channel Dr
Brick NJ. 08723
T[redacted]
Contractor Kristi Shay Const.
Address 63 Channel Dr
Brick NJ. 08723
Tel [redacted]
Lic. No. or Bldrs. Reg. No. 16519
Federal Emp. No. _____ or Social Security No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Samal Reynolds
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New single family Ranch
w/ Garage

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/28/97	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 963 12 Sq. Ft.
Volume of New Structure 14,911 18754 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 35,000
2. Alteration $ _____
3. Total (1+2) $ _____

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

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

C-9

Brick

Left on Lynnewood off Hooper

To Jackson

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAY 12 97 0 0 4 1 2 1

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

Block 545 Lot 6
Work Site Location (Krist Stay Const.) 45 Jackson Ave
Brick NJ 08723
Owner in Fee Krist Stay Const.
Address 63 Channel Drive
[redacted]
Tele. (___) [redacted]
Contractor Dickson Elec.
Address 303 Brick Blvd.
Brick NJ
Tele. (___) 920-0441
Lic. No. 8392
Federal Emp. No. _____ or Social Security [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed New
[ ] 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
[T] CO [ ] CCO [ ] CA
Date: 7/17/97
Approved By: 5433

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initials
Rough	___	___	5/13 RT	MOPLEY
Temporary	___	___	5/13 RT	MOPLEY
Constr. Serv.	___	___	___	___
TCO	___	___	___	___
Other	___	___	___	___
Service	___	___	7/17/97	5433
Final	___	___	5/15/97	MOPLEY

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 7/17/97 5433

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
9		Fixtures (1)	45
50		Receptacles (2)	
11		Switches (3)	
70		Total 1 + 2 + 3	
___	___ Kw	Range	
___	___ Kw	Oven(s)	
___	___ Kw	Surface Unit	1
1	1/2 hp	Dishwasher	
___	___ hp	Garbage Disposal	
1	4 Kw	Dryer	1
1	4 Kw	A/C Unit BOXED	
___		Burglar Alarms	
___		Intercoms Panels	
4		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	
___		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	
100	___ Amp	Service Entrance	35
___	___	Other	

Paid [✓] Check # 3119
Collected by: JB

Administrative Surcharge	$ ___
Minimum Fee	$ ___
DCA Training Fee	$ 94.—
TOTAL FEE	$ ___

U.C.C. Form F-1208

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

RPF

Rudy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAY 12 97 0 0 4 1 2 1

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

Block 545 Lot 6
Work Site Location (Kr.St. Stay Const) 45 Jackson Ave Brick NJ 08723
Owner in Fee Kr.St. Stay Const.
Address 63 Channel Drive Brick NJ
Tele. (___) [redacted]
Contractor Dickson Elec.
Address 503 Brick Blvd. Brick NJ
Tele. (___) 920-6441
Lic. No. 8342
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed New
[ ] 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: _____
Approved By: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor, Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
9		Fixtures (1)	
50		Receptacles (2)	
11		Switches (3)	
70		Total 1 + 2 + 3	45
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
V	1/2 hp	Dishwasher	7
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
V	4 Kw	A/C Unit	7
		Burglar Alarms	
		Intercoms Panels	
4		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
V	___ Kw	Water Heater(s)	
V	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
100	___ Amp	Service Entrance	35
		Other	

Paid [ ] Check # 3119
Collected by: JH

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ 94.—
TOTAL FEE	$ _____

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

CPF

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4/28/97
Control #
Permit # 1018-97

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

Block 545 Lot 6
Work Site Location 450 JACKSON AVE

Owner in Fee SAmuel Reynolds
Address 63 Channel DR Brick 08723

Tele. [redacted]
Contractor Reist. SMay Cont.
Address 63 Channel Dr Brick 08723

Tele. ( ) 477-4665
Lic. No. 26379
Federal Emp. No. _____ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 4/24/97
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] OR
Date: 7-8-97
Approved by:

INSPECTIONS:

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other			7-8-97	
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Samuel Reynolds
SIGNATURE

D. TECHNICAL SITE DATA

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 ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC DC	5	35
Heat Detectors Battery Bud-in		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	4	140
OTHER		

Administrative Surcharge $ 175
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4/28/97
Control #
Permit # 1018-97

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

Block 545 Lot 6
Work Site Location 450 JACKSON AVE
Owner in Fee SAmuel Reynolds
Address 63 Channel DR Brick 08723
Tele. [redacted]
Contractor Reist. SAny Cont.
Address 63 Channel Dr Brick 08723
Tele. (___) 477-4665
Lic. No. 26379
Federal Emp. No. _____ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 4/24/97
Approved by: [signature]

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
SIGNATURE

D. TECHNICAL SITE DATA

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 ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors INC Dr	5	35
Heat Detectors battery Bea yp		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	4	140
OTHER _____		

Administrative Surcharge $ 175
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/28/97
Date Issued
Control #
Permit # 10 18-97

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

Block 545 Lot 6
Work Site Location 450 Jackson Ave

Owner in Fee Samuel Reynolds
Address 63 Channel Dr Brick 08723

[redacted]

Contractor Nielsen Plumbing
Address 241 Cherry Quay Rd
Brick, 08723
Tele. (908) 920-1695
Lic. No. 8568
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4 Public Sewer _____ Private Septic _____
Water Service Size 3/4 Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4-28-97
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 8-14-97

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			5-14-97	
Water			6-17-97	
Sewer			6-17-97	
Fixtures	7-8-97	6-15-97	8-19-97	
Gas Equipment			8-26-97	
Gas Piping test			5-19-97	
Solar				
TCO			7-22-97	

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)
1	Water Closet	10
	Urinal/Bidet	
1	Bath Tub	10
1	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	10
1	Dishwasher	10
	[illegible]king Fountain	
	[illegible]hing Machine	10
	[illegible]e Bibb	20
	[illegible]er Heater	35
	[illegible] Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	35
1	Sewer Connection	—
1	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ ~~75~~ 175
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

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

7-8-97- ① AC not done

② Body W.S. in crawl

8-15-97 - No emergency pan under A/C

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4/28/97
Control #
Permit # 1018-97

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

Block 545 Lot 6
Work Site Location 450 Jackson Ave

Owner in Fee Samuel Reynolds
Address 63 Channel Dr Brick 08723
[redacted]
Tele.
Contractor Nielsen Plumbing
Address 241 Cherry Quay Rd
Brick, 08723
Tele. (908) 920-1695
Lic. No. 8568
Federal Emp. No. _____ or Social Security [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4 Public Sewer _____ Private Septic _____
Water Service Size 3/4 Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 4-28-97
Approved by: [signature]

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

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

[signature]
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
	Urinal/Bidet	
1	Bath Tub	10
1	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	10
1	Dishwasher	10
	Drinking Fountain	
1	Washing Machine	10
2	Hose Bibb	20
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	35
1	Sewer Connection	-
1	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ ~~35~~ 175
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: April 21, 1997 1997 - 1476

Block 545 Lot 6 Zone R-7.5

Property Address: 450 Jackson Avenue

Owner: Sam Reynolds (Phone): (9[redacted]

Applicant: Same (Phone): S[redacted]

Mailing Address: 63 Channel Drive, Brick, N.J. 08723

Existing Use: Vacant lot.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): One-story single-family dwelling, 15' high.

Conditions: House must be setback at least 25' from Jackson Avenue, 25' from Rosewood Avenue, 6' from the side property line and 15' from the rear property line.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: June 6, 1997 1997 - 1839

Block 545 Lot 6 Zone R-7.5

Property Address: 450 Jackson Avenue

Owner: Samuel Reynolds (Phone): [redacted]

Applicant: Same (Phone): Same

Mailing Address: 63 Channel Drive, Brick, N.J. 08723

Existing Use: Single-family dwelling.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): 6' high stockade fence.

Conditions: The fence must be setback at least 25 feet from the property line at Rosewood Avenue.

The finished side of the fence must face the exterior of the lot.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

PLOT PLAN REVIEW

CHECK LIST

BLOCK 545 LOT 6 DATE RECEIVED 4/22/17

ADDRESS 450 Jackson Ave

APPLICANT S Reynolds PHONE [redacted]

CONTRACTOR _____ PHONE _____

ADDRESS _____ SUBDIVISION _____

✓ TYPE OF WORK _____ ZONING APPROVAL _____

REVIEW _____ FLOOD ZONE IDENTIFIED BY FIRM _____ ELEV. _____

_____ PANEL # _____ MAP# _____ DATED _____

FEMA LETTER RECEIVED _____ YES _____ NO _____

	SHOWN	ACCEPTED	DEFICIENT	N/A
1. SITE PAN &/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			✓	At slab
9. GARAGE/1ST FLOOR/CRAWL SPACE/BASEMENT ELEV.			✓	Crawl Space
10. LOT GRADING/FILLING & FINAL ELEVATION			✓	see above
11. METHOD OF DRAINING		✓		
12. FLOOD OPENINGS SIZED & PLACED				✓
13. DRIVEWAY WIDTH/TYPE & DRAINAGE		✓		
14. DIMENSIONS/ACREAGE OF PARCEL IN QUESTION	✓	✓		

		SHOWN	ACCEPTED	DEFICIENT	N/A
15.	LOCATION OF FLOODWAY BOUNDARY/HAZARD AREA				✓
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 [signature]	4/22/97		✓
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. 354-2XXX-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 folowing 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 wlevation of the building and/or addition and the proposed grading. Existing topography and proposed grading shall a 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 Nationsl Geodetic Vertical Datum must be prepared by a sicensed 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.

CALL WHEN READY
BEEPERH@506-8509

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Sam Reynolds PHON [redacted] (bus.)

ADDRESS: 63 Channel Dr. (home)

Brick, NJ 08723

PROPERTY IN QUESTION: ADDRESS Jackson Ave.

BLOCK(S) 545 LOT(S) 6

BTMUA ACCOUNT NO. I830452 TAX MAP DRAWING NO. 35A

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

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

CONNECTION WILL BE PROVIDED AS FOLLOWS:

INITIAL SERVICE CHARGES

WATER JACKSON AVENUE (STREET) 3/4" 1688.00 1" 2944.00

SEWER JACKSON AVENUE (STREET) 2292.00

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

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

DATE: March 25, 1997 SIGNED: Jane M. S. Liddiard

NOTE: STATEMENT GOOD FOR ONE YEAR.

*fees subject to rate increase 4/1/97
pae

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET. SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.
6. CERTIFICATE OF COMPLIANCE

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

SIZING FOR WATER AND SEWER SERVICES

Property Owner Samuel Reynolds Date 4-28-97

Property Address 450 Jackson ave Block 545 Lot 6

Zoning _____ Use Group _____

Contractor Rieker Pool License No. Registration 8568

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	1	(3) 3	( )
2. Lavatory	1	(1) 1	( )
3. Bath Tub	1	(2) 2	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	1	(2) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	(—)	( )
9. Washing Machine	1	(2) 2	( )
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		10	

Gallons per minute 8

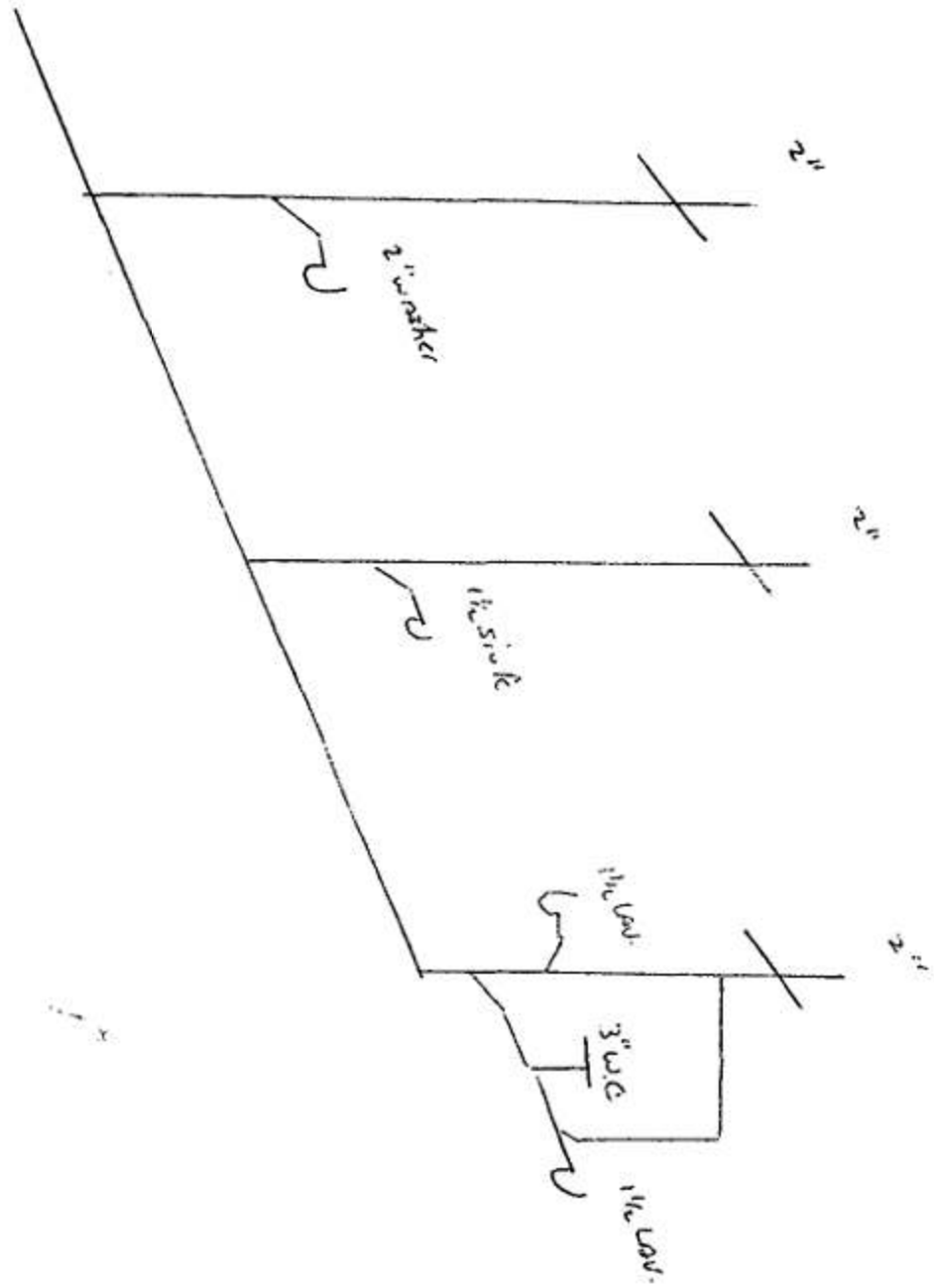
Size of Service 3/4"

Date: 4-28-97

Approved: _____
Brick Township Plumbing Inspector

LINDEN AVE.
WABASH AVE.
MIDWAY AVE.
ROSEWOOD AVE
JACKSON AVE.
529-18
528-19
527-20
526-21
543-7
544-8
545-9
546-11
8-19
8-19.1
8-18
8-18.1
8-17.4
8-17.1
8-17.5
8-17
8-16
8-15
1-8-501
1-8-490
1-8-502
1-8-495

NIELSEN
Plumbing & Heating
241 Cherry Quay Road, Brick, New Jersey 08723 · 908-920-1695



Plbg 4-28-97

NIELSEN
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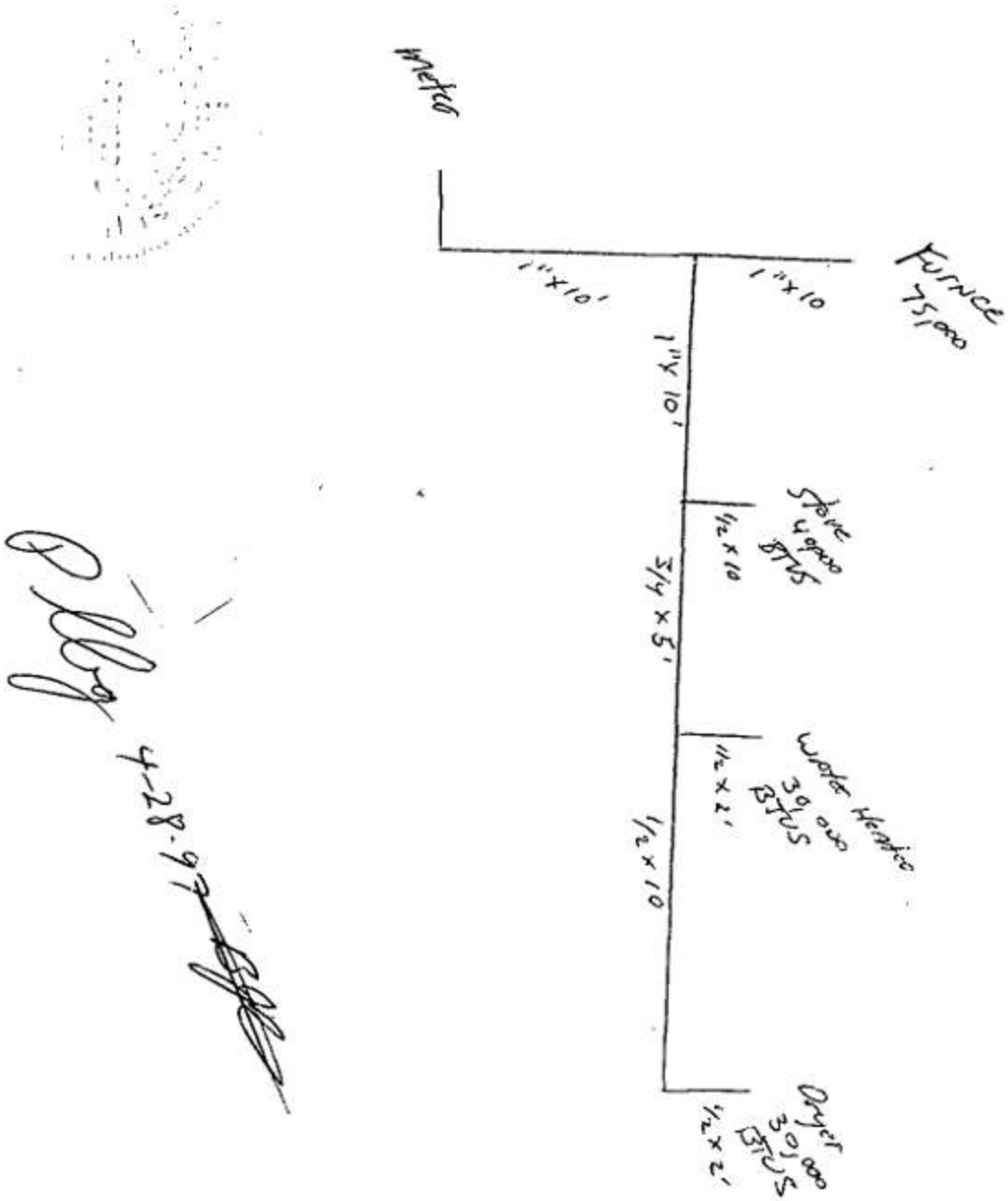
241 Cherry Quay Road, Brick, New Jersey 08723 • 908-920-1695



P Nlg 4-28-97

BRICK TOWNSHIP
HEATING & AIR CONDITIONING
465 Brick Blvd.
Brick Township, NJ 08723

	Htg	Clg
Outside db	0	95
Inside db	70	75
Design TD	70	20
Daily Range	-	M
Inside Humid.	-	50
Grains Water	-	31

Const. Quality a
# of Fireplaces 1

HEATING EQUIPMENT

Make
Model
Type
Efficiency / HSPF 0.0
Heating Input 0 Btuh
Heating Output 0 Btuh
Heating Temp Rise 0 Deg F
Actual Heating Fan 1077 CFM
Htg Air Flow Factor 0.018 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT

Make
Model
Type
COP/EER/SEER 0.0
Sensible Cooling 0 Btuh
Latent Cooling 0 Btuh
Total Cooling 0 Btuh
Actual Cooling Fan 1077 CFM
Clg Air Flow Factor 0.039 CFM/Btuh

Load Sensible Heat Ratio 91

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
LAUNDRY ROOM	59	6333	1155	115	45
POWDER ROOM	28	2022	1123	37	43
KITCHEN	189	4559	2620	83	101
DINING ROOM	151	8176	4165	148	161
LIVING ROOM	335	13067	4366	237	168
FAMILY ROOM	192	8034	4857	145	187
BATHROOM	54	2232	1330	40	51
MASTER BEDROOM	229	5706	3566	103	137
BEBROOM 2	189	3879	2158	70	83
BEDROOM 3	154	3633	2052	66	79
HALL	110	1851	552	33	21
Entire House		59492	27945	1077	1077
Ventilation Air		0	0		
Equip. @ 1.00 RSM			27945		
Latent Cooling			2824		
TOTALS		59492	30770	1077	1077

MANUAL J: 7th Ed.

RIGHT-J: V1.67

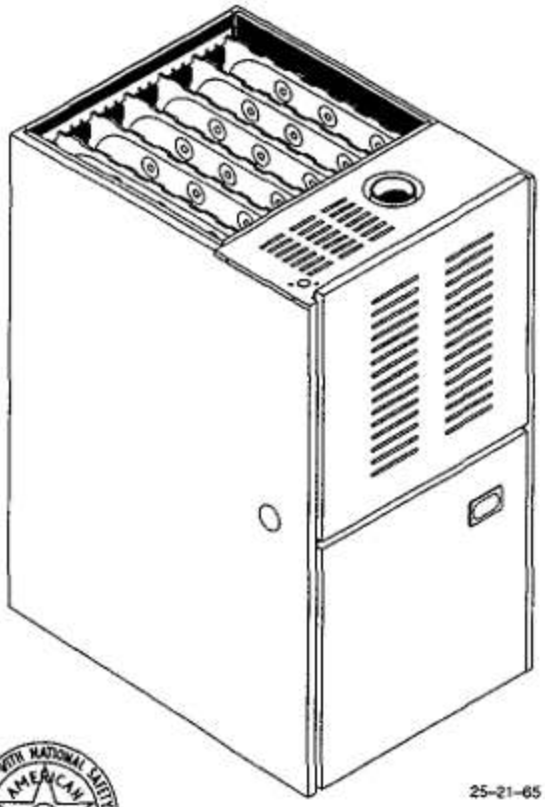
Comfortmaker®
Air Conditioning & Heating

GNJ

SPECIFICATIONS
Upflow/Horizontal
Gas Fired Furnace

Standard Equipment

- HSI Radiant Sense ignition device.
- Induced draft combustion blower.
- RPJII aluminized steel heat exchanger.
- 20 year limited heat exchanger warranty.
- Vertical category I and horizontal through the wall category III venting when vented in accordance with installation instructions and local codes.
- In–shot monoport. Aluminized steel burners.
- Multispeed, permanently lubricated PSC motors. Dynamically balanced. Heavy duty motor brackets. Resilient mounted motors.
- 40VA transformer.
- Color coded wiring.
- Low voltage terminal board.
- AGA and CGA design certified.
- 100% safety shut off. Redundant gas valve.
- High temperature limit control.
- Flue blockage pressure switch.
- Blower door interlock switch.
- May be installed as an upflow furnace or as a horizontal furnace.
- Compact design for minimum clearances.
- Convertible to (LP) Propane Gas.
- 80% AFUE



25–21–65

Design Certified by A.G.A.

Warranty (Limited)

Standard warranty extended to the original purchaser (homeowner), is a limited 20 year warranty on the primary heat exchanger. Limited warranties applicable to the 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 for our product in your area.

INTER–CITY PRODUCTS CORPORATION (USA)
P.O. BOX 3005
LAVERGNE, TENNESSEE 37086–1985

7612–081
LP-1

PRINTED: OCTOBER, 1995
SUPERSEDES AUGUST, 1995

MODEL NUMBER IDENTIFICATION GUIDE

MODEL NUMBER	G	N	J	050	N	12	A

PRODUCT GROUP
G = Gas

FUEL
U = Upflow
D = Downflow
H = Horizontal
N = Upflow / Horizontal
C = Downflow / Horizontal

SERIES

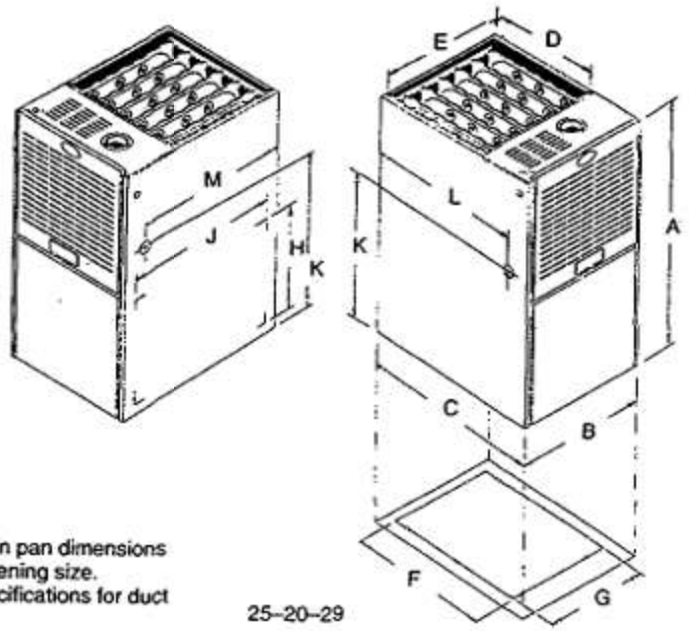
MARKETING REVISION

NOMINAL AIR FLOW (Tons)
12 = 1200
16 = 1600
20 = 2000

VOLTAGE
N = 115V 1 Ph

NOMINAL INPUT MBTUH

UNIT DIMENSIONS



NOTE: Evaporator "A" coil drain pan dimensions may vary from furnace duct opening size. Always consult evaporator specifications for duct size requirements.

25-20-29

Unit is designed for bottom return or side return.

Return air through back of unit is NOT allowed.

Unit Dimensions	A	B	C	D	E	F	G	H	J	K	L	M
050N12A & 075N12A	40	15-1/2	28-1/2	18-1/2	14	23-1/8	12-5/8	12-1/4	22-1/2	28-1/4	26	23-7/8
075N16A	40	19-1/8	28-1/2	18-1/2	17-5/8	23-1/8	14-3/4	14-1/2	22-1/2	28-1/4	26	23-7/8
100N12A, 100N16A	40	19-1/8	28-1/2	18-1/2	17-5/8	23-1/8	14-3/4	14-1/2	22-1/2	28-1/4	26	23-7/8
100N20A	40	22-3/4	28-1/2	18-1/2	21-1/4	23-1/8	18-3/4	14-1/2	22-1/2	28-1/4	26	23-7/8
125N20A & 150N20A	40	22-3/4	28-1/2	18-1/2	21-1/4	23-1/8	18-3/4	14-1/2	22-1/2	28-1/4	26	23-7/8

ALL DIMENSIONS IN INCHES

Unit Dimensions	A	B	C	D	E	F	G	H	J	K	L	M
050N12A & 075N12A	1.02M	394	724	470	356	587	321	311	572	718	660	606
075N16A	1.02M	486	724	470	448	587	375	368	572	718	660	606
100N12A, 100N16A	1.02M	486	724	470	448	587	375	368	572	718	660	606
100N20A	1.02M	578	724	470	540	587	476	368	572	718	660	606
125N20A & 150N20A	1.02M	578	724	470	540	587	476	368	572	718	660	606

ALL DIMENSIONS IN MILLIMETERS (except where specified)

ACCESSORIES

Furnace Model Number	Nat. To LP Kit	LP High Alt.	Twinning Kit	High Alt. Nat. Gas Kit	LP To Nat. Gas Kit	20x25 Duct Stand-off with Filter
GNJ050N12A GNJ075N12A GNJ075N16A GNJ100N12A GNJ100N16A GNJ100N20A GNJ125N20A GNJ150N20A	NAHL001LP	NEW KIT REQUIRED NAHL001HL	8896023	NEW KIT REQUIRED NAHL001HG	NAHL001NG	NAHA001TK1

FURNACE SPECIFICATIONS UPFLOW HORIZONTAL

Model Number NATURAL GAS	GNJ050N12A	GNJ075N12A	GNJ075N16A	GNJ100N12A	GNJ100N16A	GNJ100N20A	GNJ100N20B	GNJ125N20A
INPUT (btuh)	50,000	75,000	75,000	100,000	100,000	100,000	100,000	125,000
HTG. CAP. (btuh)	40,000	59,000	60,000	79,000	80,000	79,000	79,000	99,000
AFUE % (ICS)	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
CSE	73.0%	73.0%	73.0%	73.0%	73.0%	73.0%	73.0%	73.0%
NOx (Ng/J)	37	37	37	37	37	37	37	37
TEMP. RISE (deg. F)	35 – 65	35 – 65	25 – 65	35 – 65	40 – 70	35 – 65	35 – 65	40 – 70
VOLTS/PH/HZ	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1
F.L.A.	9	9	12	7	16	15	15	15
TRANSFORMER (V.A.)	40	40	40	40	40	40	40	40
GAS PIPE SIZE (IN.)	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
CATEGORY I VENT SIZE	3"	4"	4"	4"	4"	4"	4"	5"
CATEGORY III VENT SIZE	3"	3"	3"	3"	3"	3"	3"	3"
COOLING CAP.	3.0 TON	3.0 TON	4.0 TON	3.0 TON	4.5TON	5.0 TON	5.0 TON	5.0 TON
FILTER SIZE (IN., ..quired)	14 x 25 x 1	14 x 25 x 1	16 x 25 x 1	16 x 25 x 1	16 x 25 x 1	20 x 25 x 1	20 x 25 x 1	20 x 25 x 1
SHIPPING WEIGHT (LBS.)	127	129	157	159	159	175	175	177
DIMENSIONS (in.) HEIGHT	40	40	40	40	40	40	40	40
WIDTH X DEPTH	$15\frac{1}{2}$ x $28\frac{1}{2}$	$15\frac{1}{2}$ x $28\frac{1}{2}$	$19\frac{1}{8}$ x $28\frac{1}{2}$	$19\frac{1}{8}$ x $28\frac{1}{2}$	$19\frac{1}{8}$ x $28\frac{1}{2}$	$22\frac{3}{4}$ x $28\frac{1}{2}$	$22\frac{3}{4}$ x $28\frac{1}{2}$	$22\frac{3}{4}$ x $28\frac{1}{2}$

BLOWER PERFORMANCE

Model Number NATURAL GAS	GNJ050N12A	GNJ075N12A	GNJ075N16A	GNJ100N12A	GNJ100N16A	GNJ100N20A	GNJ100N20B	GNJ125N20A
BLOWER TYPE AND SIZE	10 x 6	10 x 8	10 x 10	10 x 10	11 x 10	12 x 12	11 x 10	12 x 12
MOTOR H.P. (TYPE)	1/3	1/3	1/2	1/3	3/4	3/4	3/4	3/4
MOTOR SPEEDS	3	3	3	3	4	4	4	4

AIRFLOW DATA

.10 ESP IN. W.C.	LOW	645	733	1503	1067	1278	1417	1210	1611
	MEDIUM LOW	–	–	–	–	1546	1611	1441	1816
	MEDIUM	1000	1116	1722	1231	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1822	1830	1773	2005
	HIGH	1404	1418	1887	1432	2302	2219	2104	2250
.20 ESP IN. W.C.	LOW	660	740	1460	1020	1264	1405	1201	1575
	MEDIUM LOW	–	–	–	–	1543	1595	1430	1765
	MEDIUM	990	1100	1660	1180	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1784	1810	1740	1960
	HIGH	1350	1370	1810	1390	2231	2185	2078	2205
.30 ESP IN. W.C.	LOW	665	742	1420	984	1244	1388	1197	1532
	MEDIUM LOW	–	–	–	–	1499	1570	1453	1733
	MEDIUM	975	1085	1608	1125	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1737	1798	1740	1923
	HIGH	1311	1324	1752	1335	2171	2163	2061	2158
.40 ESP IN. W.C.	LOW	650	730	1370	921	1212	1360	1191	1480
	MEDIUM LOW	–	–	–	–	1471	1545	1441	1670
	MEDIUM	950	1050	1540	1060	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1683	1765	1718	1860
	HIGH	1292	1297	1670	1266	2098	2125	2020	2110
.50 ESP IN. W.C.	LOW	655	711	1318	858	1185	1336	1167	1457
	MEDIUM LOW	–	–	–	–	1417	1527	1425	1619
	MEDIUM	925	1016	1484	1027	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1641	1726	1707	1805
	HIGH	1238	1251	1620	1191	2012	2095	2005	2065
.60 ESP IN. W.C.	LOW	640	700	1250	780	1178	1300	1160	1395
	MEDIUM LOW	–	–	–	–	1367	1480	1390	1560
	MEDIUM	890	970	1400	938	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1574	1700	1676	1750
	HIGH	1179	1192	1550	1092	1921	2050	1953	1995
.70 ESP IN. W.C.	LOW	615	670	1182	701	1119	1259	1130	1327
	MEDIUM LOW	–	–	–	–	1304	1430	1365	1488
	MEDIUM	840	910	1322	850	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1495	1653	1654	1681
	HIGH	1116	1129	1425	1028	1826	2001	1917	1922

1. Application of GNJ100N16A above 1650 CFM requires two side returns or bottom return.
2. Applications of GNJ100N20A, GNJ125N20A, & GNJ150N20A above 1650 CFM requires two side returns or bottom return.

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(908) 262-1041
Fax (908) 262-8954
http://gbshost.com/brick

May 20, 1997

Samuel Reynolds
63 Channel Drive
Brick, NJ 08723

RE: Block 545, Lot 6
450 Jackson Avenue
Zoning Permit Application

Dear Mr. Reynolds:

Your application for a zoning permit for a 6' fence on the referenced property is denied because under Section 190-33.1 of the Township Code a 6' high solid fence must be setback at least 25 feet from the property line at Rosewood Avenue.

In order to construct a 6' fence less than 25 feet from Rosewood Avenue a variance must first be approved by the Board of Adjustment. Variance application forms can be obtained from Christine Papa, the Board Secretary.

Very truly yours,

Kate MacDonald

Kate MacDonald
Acting Zoning Officer

cc: Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph Curiazza, Construction Official
Christine Papa, Board of Adjustment
Sean Kinnevy, Zoning Officer

KMD/bl

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 8-21-97

NAME MR SAM REYNOLDS

ADDRESS 63 CHANNEL AVE BRICK NJ 08723

PROPERTY LOCATION 450 JACKSON AVE

Account No. I830452 Block 545 Lot 6

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 Patti Evan

Certificate of Participation

in the New Home Warranty Security Fund

Community Affairs

Owner ☐ Check if for Common Elements*

1 John + Lisa Vaughn

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

Registered Builder-Warrantor**

2 Kristi Shay Const.

Name 63 Channel DR

Street and Number (Mailing Address)

Brick NJ. 08723

City State Zip Code

Phone Number (908) 477-4665

NJ Builder Registration Number 26399

Print Builder Name Samuel Reynolds

Samuel Reynolds

Registered Builder's Signature

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

New Dwelling Location

3 450 Jackson Ave

Street Name and Number

Building Number Unit Number Total Number of Units in Building

City Brick Zip Code 08723

Block Number 545 Lot Number 6

Municipality Ocean County

Commencement Date of Warranty

4 Commencement Date*** 8 29 97

Month Day Year

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

Premium Payment

5

a.

Selling Price**** $ 107,000

Amount of Premium $ 401.25

(Rate .00325 × Selling Price)

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

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

b.

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

For Office Use Only

Total Contract Price _____

Amount of Premium $ _____

(1.25 × Total Contract Price × Rate _____)

FHA Mortgage

6

☒ Check if FHA Mortgage

FHA Case Number 351-3283913

☐ Check if VA Mortgage

VA Case Number _____

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8

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

Construction Type (check one)

9

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

Stories

10 Number of stories 1

Owner Type (check one)

11

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

PRED

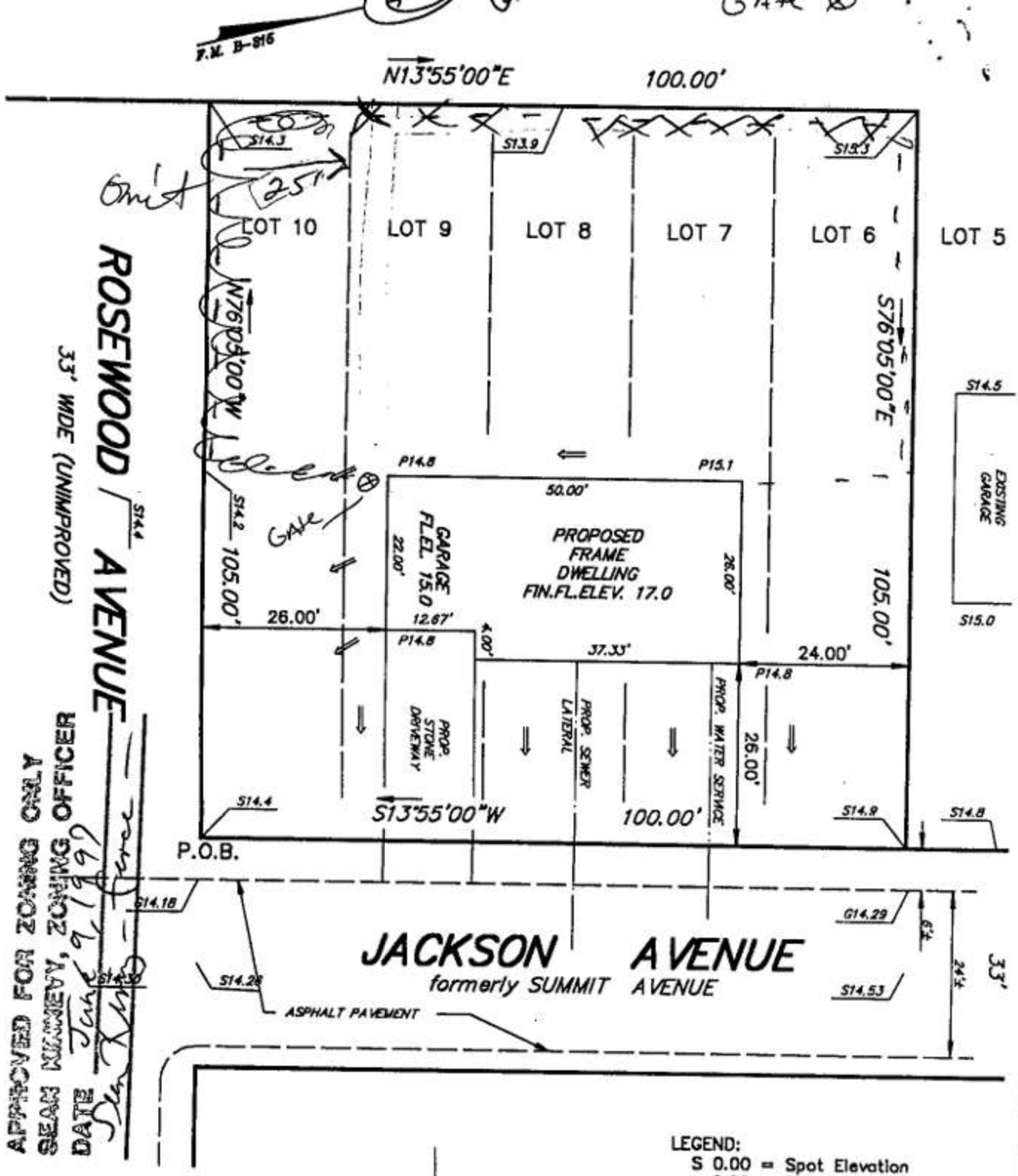
12 PRED Registration or Exemption Number (R or E)

_____

Note: See reverse side for assignment of property.

Note to Owner:

VALIDATION CERTIFICATE



LEGEND:
- S 0.00 = Spot Elevation
- p 0.00 = Proposed Fin. Grade
- TC 0.00 = Top of Curb Elev.
- G 0.00 = Gutter Elev.
- ← = Direction of Runoff

Elevations refer to N.G.V.D. 1929

LOT AREA = 10,500 SQ.FT.
ALSO KNOWN AS LOTS 6,7,8,9 & 10 BLOCK 545
ON THE BRICK TOWNSHIP TAX MAP.

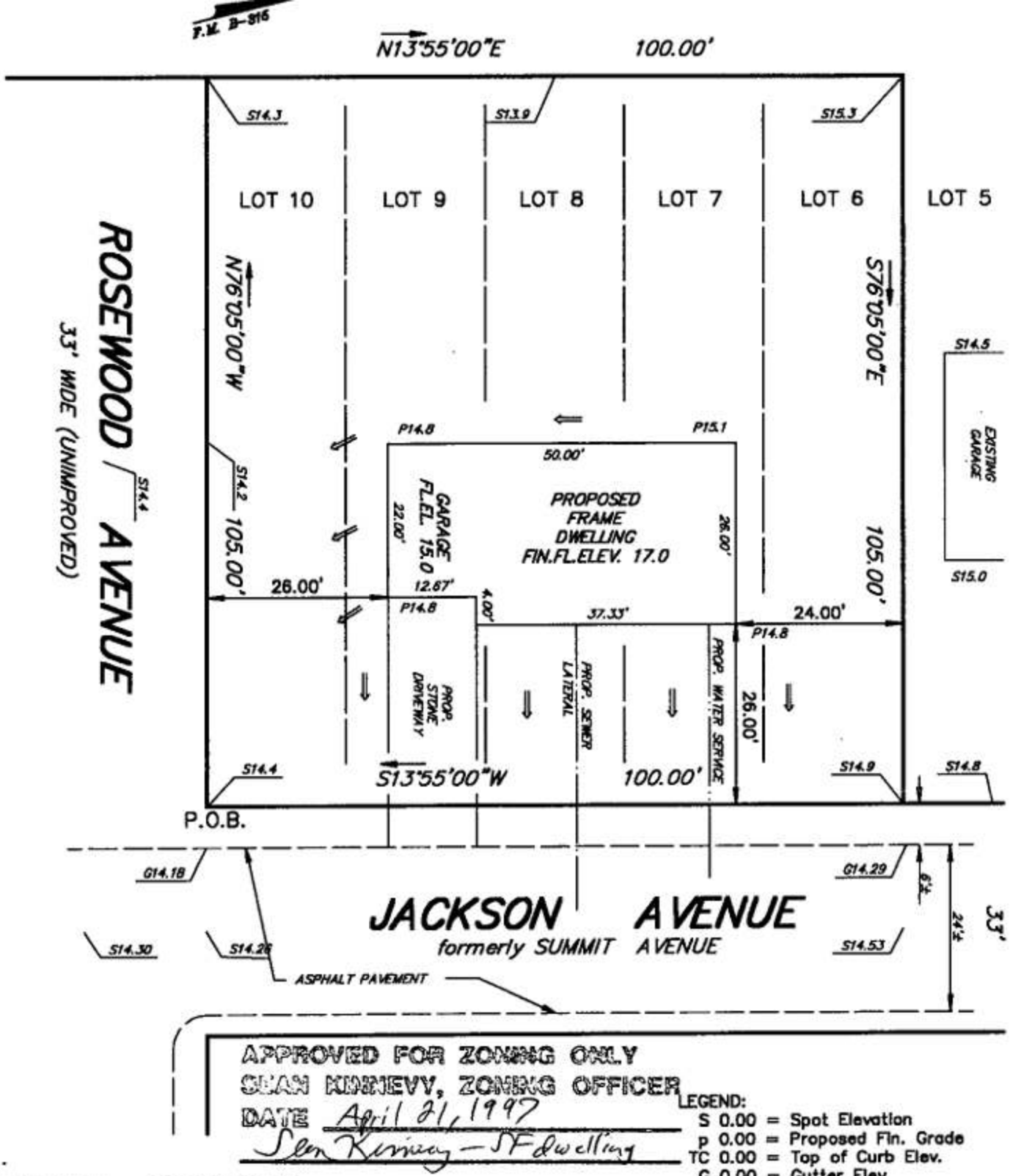
PLOT PLAN
LOTS 6,7,8,9 & 10 BLOCK 9
CEDARWOOD PARK SUBDIVISION C-ANNEX

BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY
Filed Map No. B-315 DATE FILED 4/7/42

THIS SURVEY IS CERTIFIED AS HAVING BEEN PREPARED UNDER MY DIRECT SUPERVISION TO:
SAMUEL REYNOLDS

MORRIS & GLASGOW, INC.
ENGINEERING & SURVEYING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
908-899-0965

Robert H. Morris 2/18/97
ROBERT H. MORRIS Date



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE April 21, 1997
Sean Kinney - SF dwelling

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

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ALSO KNOWN AS LOTS 6,7,8,9 & 10 BLOCK 545
ON THE BRICK TOWNSHIP TAX MAP.

PLOT PLAN

LOTS 6,7,8,9 & 10 BLOCK 9

CEDARWOOD PARK SUBDIVISION C-ANNEX

BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY
Filed Map No. B-315 DATE FILED 4/7/42

THIS SURVEY IS CERTIFIED AS HAVING BEEN PREPARED UNDER MY DIRECT SUPERVISION TO:
SAMUEL REYNOLDS

MORRIS & GLASGOW, INC.
ENGINEERING & SURVEYING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
908-899-0965

Robert H. Morris 2/18/97

ROBERT H. MORRIS Date

New Jersey Lic. Professional Land Surveyor No. 30090