BLOCK 526 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 977 Rosewood Ave PERMIT NO. 05-1327

CONSTRUCTION PERMIT APPLICATION

COS 134113

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

I. IDENTIFICATION

1. Proposed Work Site at: 977 Rosewood Ave Brick NJ 08723
2. Name of Owner in Fee: Tracy Verdura Tel. [redacted]
   Address 977 Rosewood Ave Brick NJ 08723 (street / municipality / zip code)
3. Ownership in fee: Public ____ Private ____
4. Principal Contractor: NO Tel. (___) ____
   Address ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. ____ FAX: (___) ____
5. Architect or Engineer ____ Tel. (___) ____
   Address ____ Contact ____
6. Responsible Person in Charge once Work has Begun ____
   Tel. (___) ____ FAX: (___) ____

fence

NON-UCC

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy 2P	30		
12. Other			
13. TOTAL	$ 30		

Cash

called 4/25 Patti L.M.

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. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work		CMA	4/12/05						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8		CMA	4/25/05		4/25/05	0			
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 04/03)

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

x Zoning Application deemed complete Initialed: RET Date: 4/12/05

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITYOF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

********PLEASE READ AND SIGN********

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: Tracy Verdura

SIGNATURE: Tracy R Verdura DATE: ~~4-1-04~~ 4-11-05

BLOCK: 526 LOT: 10 ADDRESS: 977 Rosewood Ave Brick NJ 08723

- Electrical Technical Section completed by Homeowner or licensed electrician
- Plumbing Technical Section (condensate drain) completed
- Brochure for unit
- Building Technical Section to be completed if new ductwork is to be installed

Boiler (for hot water baseboard or radiant heat):

- Plumbing Technical Section completed
- Electrical Technical Section completed (switch)
- Gas pipe sketch (Length of the run, size of the pipe and BTUs of everything on the line) or fuel oil line sketch
- Brochure for boiler
- Building Technical Section for a new chimney or chimney certification if existing (direct vent does not require building technical section to be completed
- If installing a new unit and you are in a Flood Zone; a copy of the flood elevation is required. If it is a direct replacement, you do not need elevation certificate

Demo:

- Building Technical Section completed
- Shut off letters from utility companies if demolishing dwelling, not for interior demo
- Complete Debris form

Furnace (warm air heat):

- Electrical Technical Section (switch) completed
- Plumbing Technical Section (gas pipe or fuel oil line sketch) completed
- Building Technical Section completed if ductwork or a new chimney is being installed or a chimney certification if the chimney is existing
- Fire Technical Section completed

Alteration:

- Building Technical Section completed
- Two copies of the existing and proposed floor plan include detail of construction to be done (sheetrock, insulation, window size, etc.) and use of rooms
- Copy of contract with contractor may be requested to establish cost of work

Bulkhead/Docks:

- Complete Engineering application
- Complete Building Technical Section
- Submit copy of State and Army Corps permit
- Two surveys showing bulkhead and or dock and 2 cross section detail signed by Contractor

Decks:

- Complete Zoning application
- Provide 2 TRUE SIZE surveys of the property with the deck drawn to SCALE showing the measurements, location and setbacks of the deck
- Complete Engineering application
- Completed Building Technical Section
- Two (2) sets of plans showing how the deck will be constructed from the footing to the rail (See deck planning guide)

Fences:

- Complete Zoning application
- Provide 2 TRUE SIZE surveys indicating with X the location of the fence, height and type (stockade, picket, etc) of proposed fence
- Complete Engineering application
- Complete Building Technical Section

Fireplace (gas):

- Complete Fire Technical Section
- Complete Plumbing Technical Section
- Gas Pipe Diagram (length of the run, BTUs, size of the pipe)
- Complete Building Technical Section (if it is cut into the wall or has a vent)
- Brochure for fireplace

Fireplace (wood):

- Complete Building Technical Section
- Provide cross section of foundation, hearth, and throat (masonry chimney)
- Complete Fire Technical Section
- Complete a Zoning application if building a masonry chimney (provide 2 surveys showing setbacks, locations and dimensions)
- Complete a Engineering application (masonry chimney)

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Stephen C. Acropolis – President
Gregory S. Kavanagh
Anthony Matthews
Kathy M. Russell
Ruthanne Scaturro
Michael A. Thulen, Sr.
Frederick J. Underwood, Sr.

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 11-1-04 4.11.05

Block: 526 Lot: 10

Property Address: 977 Rosewood Ave Brick NJ 08723

I, Tracy L. Verdura (name) of 977 Rosewood Ave Brick NJ (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.

Tracy L Verdura
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.

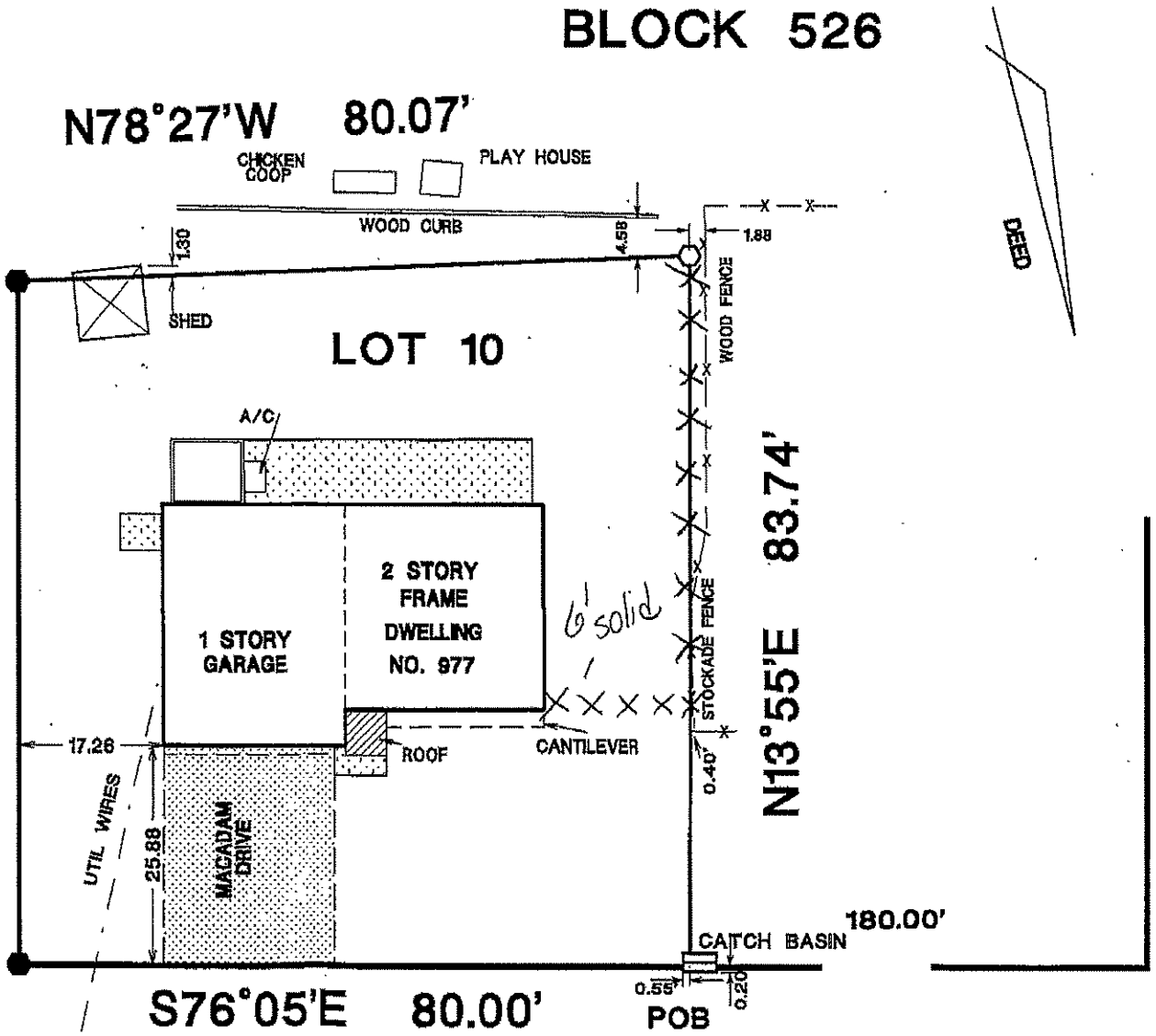
FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:

BLOCK 526



JACKSON AVENUE
(SUMMIT FILED MAP)
(33' R.O.W.)

ROSEWOOD AVENUE
(33' R.O.W.)

REFERENCE
BEING LOTS 10, 11, 12 13 IN BLOCK 21
AS SHOWN ON A CERTAIN MAP ENTITI
"CEDARWOOD PARK SUBDIVISION C -
OCEAN CO. NEW JERSEY
COMMONWEALTH REALTY IMPROVEMENT
COPR." AND FILED IN THE OCEAN
COUNTY CLERK'S OFFICE AS MAP NO
ON APRIL 7, 1942

CERTIFIED TO TRACY COURTNEY, SINGLE
DIVERSIFILE MORTGAGE SERVICES, INC.,
ITS SUCCESSORS AND/OR ASSIGNS
ANITA LIOTTA NEFFE, ESQUIRE
CENTRAL TITLE AGENCY, INC.

● IRON ROD SET
○ IRON ROD FOUND

TITLE NO. AN-3296

SURVEY FOR
TRACY COURTNEY
SINGLE WOMAN
LOT 10 BLOCK 52
NO. 977 ROSEWOOD ABV
TOWNSHIP OF BRICK
OCEAN COUNTY, NEW J
DRAWN AJS MAY 19,
SCALE 1"=20' FILE NO.

ANTHONY J. SER
LAND SURVEYO
LICENSE NO. 13
743 NORTHSTREAM DR. TOMS RI

CONSTRUCTION PERMIT

Date Issued 04/26/2005
Control # C-05-134113
Permit # 05-1327

IDENTIFICATION Block: 526 Lot: 10 Qualifier
Work Site Location: 977 ROSEWOOD AVE. Brick Township, NJ

Owner in Fee VERDURA, ANTHONY G & TRACY L
Address 977 ROSEWOOD AVE BRICK NJ 08723

Telephone:

Contractor VERDURA, ANTHONY G & TRACY L
Address 977 ROSEWOOD AVE BRICK NJ 08723

Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:

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

Estimated Cost of Work $0

Construction Official

04/26/2005
Date

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

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$30
Total	$30
Check No.	
Cash	$30
Credit	$0
Collected By	Ann Marie Hanlon

Township of Brick
Zoning Permit

Approved: Thursday, April 21, 2005 **Number:** 420

Block 526 **Lot** 10 **Zone:** R-7.5

Property Address: 977 Rosewood Avenue

Applicant: Tracy L. Verdura

Property Owner: Tracy L. Verdura

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: 6' high stockade fence.

Conditions: The 6' high stockade fence must be set back at least 25 feet from the front property line. The finished side of the fence must face the exterior of the property.

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
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 526 LOT 10 QUALIFIER ——

PROPERTY ADDRESS 977 Rosewood Ave Brick NJ 08723

PERSONAL NAME OF APPLICANT Tracy L. Verdura

BUSINESS NAME OF APPLICANT ——

MAILING ADDRESS OF APPLICANT 977 Rosewood Ave Brick NJ 08723

PROPERTY OWNER'S FULL NAME Tracy L. Verdura

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 Solid Height 6'
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) ——

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 Tracy L Verdura Date 4-11-05

Reviewed by Zoning Office SC Date 4/21/05 (X) Approved ( ) Denied

4/12/05

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Stephen C. Acropolis – President
Gregory S. Kavanagh
Anthony Matthews
Kathy M. Russell
Ruthanne Scaturro
Michael A. Thulen, Sr.
Frederick J. Underwood, Sr.

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: ~~4-1-05~~ 4-11-05

Block: 526 Lot: 10

Property Address: 977 Rosewood Ave Brick NJ 08723

I, Tracy L. Verdura (name) of 977 Rosewood Ave Brick NJ 08723 (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.

Tracy L Verdura
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: 4/25/05 Signed: [signature]

Rejected on: _____ Signed: _____

Comments:

BLOCK 526 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 977 Rosewood Ave PERMIT NO. 3888-97

RECEIVED
DEC 16 1997
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 977 Rose Wood Ave
2. Name of Owner in Fee: Tony Vegdura Tel. [redacted]
   Address 977 Rose Wood Ave (street) (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Tony Verdura Tel. ([redacted]
   Address 977 Rosewood Ave Balt
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Tony Verdura
   Tel. [redacted] FAX (_____) _____

Riding

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 60.-		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 2.-		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 62.-		

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition		JDT	12/16/97						
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	$1,500.-								

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 10311426

15

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 X _____ 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. 5:32-2.15(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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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.									
☐									
☐									

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. _____				

CONSTRUCTION PERMIT

Date Issued 12-16-97
Control #
Permit # 3888-97

ENTIFICATION Block 526 Lot 10

ork Site Location 977 Pine Wood Ave

wner In Fee Tony Fishura

dress [redacted]

le. ( ) [redacted]

Contractor Same

Address

Tele. ( )

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

Federal Emp. No.

or Social Security No.

hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

SCRIPTION OF WORK:

Siding

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

imated Cost of Work $ 1500 -

C.C. Form F-170C

CONSTRUCTION OFFICIAL

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

PAYMENTS (Office Use Only)

Building	60 -
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	2 -
Cert. of Occ.	
Other	
Total	62 -
Check No.	
Cash	X
Collected By:	GBT

REQUIRED INSPECTIONS

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

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

equired inspections for all subcodes for one and two family dwellings are the following:

. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections be made in accordance with the requirements of the building subcode;

. Foundations and all walls up to grade level prior to back filling;

. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, r piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insul installations;

. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, de and fixtures; mechanical systems equipment.

equired special inspections. The applicant by accepting the permit will be deemed to have consented to these requirem

final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be iss y violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies

complete copy of approved plans must be kept on the job site.

u do not understand any of this information, please ask.

Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12-16-97
Date Issued
Control #
Permit # 3888-97

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

Block 526 Lot 10
Work Site Location 977 Rose Wood Ave

Owner in Fee Tony Verdura
Address 977 Rosewood Ave
Tele. [redacted]
Contractor Tony Verdura
Address 977 Rosewood Ave
Back, NJ 08723
Tele. [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Tony Verdura
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

siding

JOB SUMMARY (Office Use Only)

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

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

TYPE OF WORK:
[ ] 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 _____
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) $ 500.00

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12·16·97
Date Issued
Control #
Permit # 3888·97

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

Block 526 Lot 10
Work Site Location 977 Rose Wood Ave

Owner in Fee Tony Verdura
Address 977 Rosewood Ave

Tele. [redacted]
Contractor Tony Verdura
Address 977 Rosewood Ave
Brick, N.J. 08723
Tele. [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Tony Verdura
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Siding

JOB SUMMARY (Office Use Only)

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

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

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

(Office Use Only)
FEE
$ 500.00

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) $ 500.00

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

BLOCK 527 LOT 32 QUALIFICATION CODE _____ ADDRESS (SITE) 972 Rosewood Ave PERMIT NO. 04-2924

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 972 Rosewood Avenue, Brick NJ 08723
2. Name of Owner in Fee: Kristi Shay Construction Tel. ([redacted])
   Address 63 Channel Dr. Brick NJ 08723
   (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Kristi Shay Construction Tel. ([redacted])
   Address 63 Channel Drive
   License No. OR, if new home, Builder Reg. No. 026375 Exp. Date 11-04
   Federal Employee No. [redacted] FAX: ([redacted]) 477-9115
5. Architect or Engineer _____ Tel. (732) 477-4665
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Samuel Reynolds
   Tel. (732) 477-4665 FAX: (732) 477-9115

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	$1150		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy	50		
12. Other			
13. TOTAL	$		

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. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building							9/9/04		DR
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition	500								
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10100943

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 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 Kristi Shay Construction Inc.

Address 63 Channel Dr. Brick NJ 08723

Telephone (732) 477-4665

Signature Samuel Reynolds

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Constituent Contact Report

Date	Comments	Initials

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/15/2004
Control #
Permit # 04-2924

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 527 Lot 32 Qual

Work Site Location 972 ROSEWOOD AVENUE
INTERIOR DEMO
Owner in Fee KRITI-SHAY CONSTRUCTION
Address 69 CHANNEL DRIVE
BRICK, NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. NO-

07/15/04 11:02AM 001558#1087
XX07 SERV.007
#2924
BUILDING $50.00
CHECK $50.00

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
INTERIOR DEMO

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

Estimated Cost of Work $ 1

D Newman JE/jml 07/15/2004
Construction Official Date

PAYMENTS (Office Use Only)

Building	50
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	50
Check No.	1150
Cash	
Collected By	JML

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/15/2004
Date Issued 07/15/2004
Control #
Permit # 04-2924

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

Block 527 Lot 32 Qual

Work Site Location 972 ROSEWOOD AVENUE
INTERIOR DEMO

Owner in Fee KRITI-SHAY CONSTRUCTION

Address 63 CHANNEL DRIVE
BRICK, NJ 08723-

Tele.(732)477-4665

Contractor

Address

Tele.( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR DEMO

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 9-9-04
Approved By: Fmy

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			09/09/04	KEH
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other INTERIOR DEMO	50
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1
3. Total (1+2) $ 1

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 50
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address 772 Rosewood Avenue

Block 527 Lock 32

Contractor Kristi Shay Construction, Inc

Contractor's Address 63 Channel Dr.

Type of Construction (minor, new home) New home

Type of Debris (shingles, siding, wood, etc.) Shingles - siding - wood

Party Responsible for removal Sindel Carting

Dumpster Size 40 Yard

Destination of Debris Discard OC Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Samuel Reynolds 7-15-04
Signature Date

Samuel Reynolds
Print Name

Site Location: 972 Rosewood Avenue
Block: 527 Lot: 32
Owner's Name: Kristi Shay Construction Inc.
Owner's Mailing Address: 63 Channel Drive Brick NJ 08723

Phone: (732) 477-4665

BUILDING

Contractor: Kristi-Shay Construction Inc
Address: 63 Channel Drive Brick NJ 08723
Phone#: 732-477-4665
Lis # [redacted]
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Demolition of house Interior

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
___ Alteration	___ Pool
___ Roofing	X Demolition
___ Asbestos Abatement	___ Sign _____ sq ft
___ Fireplace wd/gas	

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: $ _____

Cost of New Building: $ _____

Cost of Site Work $ 500

Total Cost of New Building Work: $ _____

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

[signature]

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: _____

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

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	

Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ____Electric ____Solar
Heating System is ____New ____Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:

CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:

Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am

BLOCK 527 LOT 32 QUALIFICATION CODE _____ ADDRESS (SITE) 972 Rosewood Ave PERMIT NO. 04-3409

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 972 Rosewood Ave
2. Name of Owner in Fee: Kristi Shay Construction Tel. ([redacted])
   Address 63 Channel Drive Brick NJ 08723
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Kristi Shay Construction Tel. (732) 477-4665
   Address 63 Channel Dr Brick NJ 08723
   License No. OR, If new home, Builder Reg. No. [redacted] Exp. Date 11-04
   Federal Employee No. [redacted] FAX: (732) 477-9115
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Samuel Reynolds
   Tel. (732) 477-4665 FAX: (732) 477-9115

V. FEE SUMMARY (for office use only)

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

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition	$500						9/14/04		AK
TOTAL COSTS	$500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10100942

U.C.C. F100-1 (rev. 04/03)

17

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 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 Kristi Shay Construction Inc.

Address 63 Channel Dr. Brick NJ 08723

Telephone (732) 477-4665

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Constituent Contact Report

Date	Comments	Initials

40

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/11/2004
Control #
Permit # 04-3409

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 527 Lot 32 Qual

Work Site Location 972 ROSEWOOD AVE
DEMO SFD
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665

Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [X] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
DEMO SFD

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

Estimated Cost of Work $ 500

Construction Official

08/11/2004
Date

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	60
Check No.	15019
Cash	
Collected By	DC

08/04/04 8:06AM 00155BH1847
XXD1 SERV.001
04-3409
BUILDING $60.00
XXXTOTAL $60.00
CHECK $-60.00
CHANGE $0.00

B.C.C. F170 (rev. 3/96) HW BCCARS 5.24E

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/11/2004
Date Issued 08/11/2004
Control #
Permit # 04-3409

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

Block 527 Lot 32 Qual

Work Site Location 972 ROSEWOOD AVE
DEMO SFD

Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-9-04
Approved By: [signature]

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			09/09/04	KEH
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2) $ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

DEMO SFD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[X] Demolition	60

Administrative Surcharge	$ 0
Paid [X] Check # 15019 Minimum Fee	$ 0
Collected by: DC TOTAL FEE	$ 60
DCA State Permit Fee	$ 0

U.C.C. File Rev. 3/94

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address 972 Rosewood Avenue

Block 527 Lock 32

Contractor Kristi Shay Construction, Inc

Contractor's Address 63 Channel Dr.

Type of Construction (minor, new home) New home

Type of Debris (shingles, siding, wood, etc.) Shingles - siding - wood

Party Responsible for removal Sindel Carting

Dumpster Size 40 Yard

Destination of Debris Discard OC Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Samuel Reynolds 7-21-04
Signature Date

Samuel Reynolds
Print Name

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
FAX# 732-458-5378
PHONE 732-458-7000

CLERK CG

7/23/2004

KRISTI SKAY CONSTRUCTION
53 CHANNEL DR
BRICK NJ 08723-7411

ROUTE 019 ACCOUNT I756006
BLOCK- 527- LOT-32-
S/L-972 ROSEWOOD AVE

SUBJECT: BUILDING TO BE DEMOLISHED AND RECONSTRUCTED

DEAR CUSTOMER,

THIS IS TO CERTIFY THAT THE WATER AND SEWER SERVICE AT THE SUBJECT PROPERTY HAS BEEN TERMINATED AND THE WATER METERING SYSTEM HAS BEEN REMOVED.

IF FURTHER INFORMATION IS REQUIRED, PLEASE CONTACT THE UNDERSIGNED.

RESPECTFULLY YOURS,

PEGGY MULLEN
CUSTOMER ACCOUNTS REPRESENTATIVE

LTR115

Jersey Central
Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

August 9, 2004

Jeff Ellis
Kristy Shay Construction

Ref: DR# 311850438

Dear Customer:

This letter confirms that Jersey Central Power & Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

972 Rosewood Ave
Brick NJ. 08723

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

Al Zielstorff
Distribution Specialist

AZ/bmc

demoltr.pf1

AUG. 9. 2004 11:39AM NO. 8930 P. 1

Kristi Shay Construction

(732) 477-4665
Fax (732) 477-9115

63 Channel Drive
Brick, NJ 08723

August 10, 2004

Mr. Dan Newman
Construction Official
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

RE: Gas Service - 972 Rosewood Avenue, Block 527 Lot 32

Dear Mr Newman:

The subject property has a home on it that will be demolished by Kristi-Shay Construction Inc. Water, sewer and electric service to the property have been disconnected and verification from these utilities received.

The property did not have natural gas service and was instead supplied with bottled cooking gas from Suburban Propane and heated with an oil-fired boiler. A 275 gallon above ground fuel oil tank was removed by our contractor Hydroscience under permit # 04-3049 and Suburban Propane has removed their service tank.

Feel free to contact me with any additional questions you may have.

Respectfully,

Jeff Ellis
Property Manager

Site Location: 972 Rosewood Ave
Block: 527 Lot: 32
Owner's Name: Kristi Shay Construction Inc.
Owner's Mailing Address: 63 Channel Drive Brick NJ 08723

Phone: (732) 477-4665

BUILDING

Contractor: Kristi-Shay Construction Inc
Address: 63 Channel Drive Brick NJ 08723

Phone#: 732-477-4665
Lis # [redacted]
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Demolition of house

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
___ Alteration	___ Pool
___ Roofing	X Demolition
___ Asbestos Abatement	___ Sign ___ sq ft
___ Fireplace wd/gas	

Building Characteristics

Use Group Present: ___ Proposed: ___
No of Stories: ___
Height of Structure: ___
Area of the largest floor: ___
Area of New Structure: ___
Volume of New Structure: ___
Total Land Disturbed: ___

Cost of Alteration: $ ___

Cost of New Building: $ ___

Cost of Site Work $ 500

Total Cost of New Building Work: $ ___

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

Signature: [signature]

ELECTRICAL

Contractor: ___
Address: ___

Phone#: ___
Lis #: ___
Federal Emp # or SSN ___

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: ___

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

Signature:

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	

Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ____Electric ____Solar
Heating System is ____New ____Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:

CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:

Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am

BLOCK 527 LOT 32 QUALIFICATION CODE _____ ADDRESS (SITE) 972 ROSEWOOD PERMIT NO. 04-3603

CONSTRUCTION PERMIT APPLICATION

C02.07 C02.07-1

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

I. IDENTIFICATION

1. Proposed Work Site at: 972 ROSEWOOD
2. Name of Owner in Fee: KRISTI-SHAY CONSTRUCTION Tel. [redacted]
   Address 63 CHANNEL DR (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: KRISTI-SHAY CONSTRUCTION Tel. (732) 477-4665
   Address 63 CHANNEL DR BRICK NJ 08723
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date 11/04
   Federal Employee No. [redacted] FAX: (732) 477-9115
5. Architect or Engineer KEN KWIECINSKI Tel. (732) 295-4515
   Address 1100 NJ 88 POINT PLEASANT NJ Contact KEN K
6. Responsible Person in Charge once Work has Begun SAM REYNOLDS
   Tel. (732) 477-4665 FAX: (732) 477-9115

NEW SINGLE-FAMILY HOME
4 BR 2½ BTH 2 CAR GARAGE
CRAWLSPACE

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	446		40
2. Electrical			125	
3. Plumbing			350	40
4. Fire Protection		219		92
5. Elevator Devices		25		
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	44		
9. State Permit Fee Surcharge				
10. Subtotal	$	67		
11. Cert. of Occupancy				
12. Other		30		
13. TOTAL	$	831	475	172

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	25 ft.	
3. Area — Largest Floor	2070 sq. ft.	
4. New Building Area	2063 sq. ft.	
5. Volume of New Structure	16,504 cu. ft.	
6. Construction Classification	5B	
7. Total Land Area Disturbed	2700 sq. ft.	
8. Flood Hazard Zone	no	
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☒ New Building	55,000	JL	7/30		8-11-04	FM			
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection	500.00				8/20/04	MA			
6. ☐ Plumbing					8/24/04	RR			
7. ☑ Electrical					9-9-04	MA			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EW	8/13/04		8/13/04				
TOTAL COSTS	55,500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group: IRC-05
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction 1
   After Construction 1
   Net Gain or Loss 0

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: IRC-05
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10505307

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 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 KRISTI-SHAY CONSTRUCTN

Address 63 CHANNEL DR

ATLEE NJ 08723

Telephone (732) 477-4665

Signature _____

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE 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.				

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: SRT Date: 7/30/04

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/19/2004
Control #
Permit # 04-3603

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 527 Lot 32 Qual
Work Site Location 972 ROSEWOOD AVE
SF DWELLING/CRAWL
Owner in Fee/Occupant KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Exp. No. [redacted]

Home Warranty No. 169003
Type of Warranty Plan: [X] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SF DWELLING/CRAWL/2-CAR GARAGE

[X] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 67
Paid [X] Check No. 15157
Collected by: MJR

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(908) 364-3760

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 527 Lot 32
Work Site Location 922 ROSEWOOD

Owner in Fee KRISTI-SHAG CONSTRUCTION
Address 63 CHANNEL DR
BRIELL NJ 08723
Tele. (732) 477-4665

Contractor KRISTI-SHAG CONSTRUCTION
Address 63 CHANNEL DR
BRIELL NJ 08723
Tele. (732) 477-4665
Lic. No. [redacted]
Federal Emp. No. [redacted]
or Social Security No.

ACTION

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 65,000.00
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

NEW SINGLE FAMILY HOME

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____ OWNER/AGENT

☐ Owner
☒ Agent

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/24/2004
Control #
Permit # 04-3603

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 527 Lot 32 Qual

Work Site Location 972 ROSEWOOD AVE
SF DWELLING/CRAWL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665

Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
SF DWELLING/CRAWL/2-CAR GARAGE

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

Estimated Cost of Work $ 55,500

Construction Official 08/24/2004
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	446
Electrical	0
Plumbing	0
Fire Protection	219
Elevator Devices	0
Other Trees	95
DCA State Permit Fee	44
Cert. of Occupancy	67
Other ZPED	30
Total	831
Check No.	15157
Cash	
Collected By	MJR

08/24/04 9:21AM 001558#2151
XX02 SERV.002

#3603	
BUILDING	$446.00
FIRE	$219.00
MISC	$25.00
DCA	$44.00
C/O	$67.00
ZPA	$15.00
EPA	$15.00
CHECK	$831.00

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/28/2004
Control #
Permit # 04-3603+8
Permit Issued 08/24/2004

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 527 Lot 32 Qual

Work Site Location 972 ROSEWOOD AVE
EXTEND FRONT PORCH/FRPL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665

Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Exp. No. [redacted]

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [Y] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

SCRIPTION OF WORK:
XTEND FRONT PORCH TO END OF HOUSE ON RIGHT SIDE/2 GAS FIREPLACES

Cost of Work $ 2,600

Construction Official

10/28/2004
Date

(rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	40
Electrical	0
Plumbing	40
Fire Protection	92
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	172
Check No.	999
Cash	
Collected By	MJR

10/28/04 11:31AM 001558#3808
XX02 SERV.002

#3603	
BUILDING	$40.00
PLUMBING	$40.00
FIRE	$92.00
CHECK	$172.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/30/2004
Date Issued 8/24/04
Control # C02-07
Permit # 04-3603

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

Block 527 Lot 32 Qual
Work Site Location 972 ROSEWOOD AVE
SF DWELLING/CRAWL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: ATTIC/1ST FLOOR UTILITY
Total Est Cost of Fire Prot Work $ 500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 8-2004
Approved By:
SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 11-15-04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			11-12-04	MB
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			11-12-04	MB
Smoke Ctl				
TCO				
Final			11-18-04	MB
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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	6	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	6	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other 2 FURNACES		92
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: TOTAL FEE		$ 219
	DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/12/2004
Date Issued ~~01/01/1954~~
Control # 10-28-04
Permit # 04-3603+B

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

Block 527 Lot 32 Qual
Work Site Location 972 ROSEWOOD AVE
EXTEND FRONT PORCH/FRPL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 300

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10 26 04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			11-12-04	
Other			11-12-04	

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other 2 GAS FIREPLACE		92
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: TOTAL FEE		$ 92
	DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/17/2004
Date Issued 9/14/2004
Control # C02-07-1
Permit # 04-3603+A

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

Block 527 Lot 32 Qual
Work Site Location 972 ROSEWOOD AVE
ELE/PLG
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor BODE MECHANICAL
Address 312 HAYES AVE
BAYVILLE, NJ 08721-
Tele.(732)237-3300
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8/24/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 11-15-04

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9/24/04	MK
Water(SAN)			9/24/04	MK
Sewer			9/24/04	MK
Fixtures	11/1/04		11/15/04	
Gas Equip.			11-15-04	
Gas Piping test			9/24/04	MK
Solar				
TCO				
Hole			11-15-04	

2nd gas test. OK MK 11/15/04

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
0	Urinal / Bidet	0
1	Bath Tub	10
3	Lavatory	30
1	Shower	10
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	40
0	Fuel Oil Piping	0
4	Gas Piping	40
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	50
1	Water Service Connection	50
0	Stacks	0
	Other A/C	40
	Other	0

60 GPM 1 1/4" 200,000 BTU PER PLAN

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 350
	DCA State Permit Fee	$ 0

3/4" WATER

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/12/2004
Date Issued ~~01/01/1954~~
Control #
Permit # 04-3603+B 10-28-04

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

Block 527 Lot 32 Qual

Work Site Location 972 ROSEWOOD AVE
EXTEND FRONT PORCH/FRPL

Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665

Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665

Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/27/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 11/5-07

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping test			4/4/04	
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/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
2	Gas Piping — 70' CSST 1/4-235,000 FIREPLACE	20
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 20
Collected by:	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 0

U.C.C. F130 (rev. 3/96)

IJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/17/2004
Date Issued 9/14/2004
Control # C02-07-1
Permit # 04-36003+A

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

Block 527 Lot 32 Qual
Work Site Location 972 ROSEWOOD AVE
ELE/PLG
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723- WK # [redacted]
Tele.(732)477-4665
Contractor ROBERT J MCLAUGHLIN ELEC CON
Address 12 8TH STRET
BARNEGAT, NJ 08005-
Tele.(609)660-0306
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 7 9 04
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 11/7/04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			9/20/04	TD
Temp Serv				
Const Serv				
TCO				
Other				
Service			9/24/04	TD
Final			11-15-04	TD

Temp. Cut-in-Card Date Issued 9/24/04
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 an authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Lighting Fixtures	
50		Receptacles	
31		Switches	
6		Detectors	
0		Light Poles	
3		Motors-Fract HP	
0		Emergency & Exit Lights	
4		Communications Points	
0		Alarm Devices/F.A.C. Panel	
110		TOTAL NUMBERS	55
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	1	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	5	KW Central A/C Unit	10
1	3	HP/KW Space Heater/Air Handler	10
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	150	AMP Service	50
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 125
DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/30/2004
Date Issued 8/24/04
Control # C02-07
Permit # 04-3603

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

Block 527 Lot 32 Qual
Work Site Location 972 ROSEWOOD AVE
SF DWELLING/CRAWL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SF DWELLING/CRAWL/2-CAR GARAGE

As Built Foundation Survey Received

Must Update For All Subcodes

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-17-04	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-17-04
Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing			09/20/04	MEH
Foundation-over 40			09/09/04	MEH
Slab				
Frame - OVER				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other-Deck on Porch OVER			09/09/04	MEH
Final - X			11/12/04	MEH
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group	Present R-5	Proposed R-5	
Constr. Class	Present	Proposed	
No. of Stories	2		
Height of Structure	25	Ft.	
Area Largest Floor	220	Sq. Ft.	
New Bldg. Area/All Floors	2,063	Sq. Ft.	
Volume of New Structure	16,504	Cu. Ft.	
Total Land Area Disturbed	0	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 55,000
2. Alteration $ 0
3. Total (1+2) $ 55,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 446
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
[ ] Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 446
DCA State Permit Fee	$ 44

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

10/2/04 FOUNDATION

SEPTIC LOOSE & MISSING A's & B's

OPEN DECK

MAIN GIRDER NOT AS PER PLANS

JOIST FRAMING OVER GIRDER (DETAIL F06)

INDICATES SOLID JOIST BLOCKING

SOLID POST ALL POINT LOADS

9/24/04 ARCH CERT REQ'D FOR DAMAGED LAM BEAM BENEATH 2ND FL TUB AREA AND TJI ~~OR~~ OVER 16" SPACING IN SAME AREA OK TO INSULATE

9/28/04 PARTIAL INS (WALLS & CLG ONLY) OK

STILL NEED ARCH LETTER TO CONTINUE W/ SHEETROCK

12 - House OK FOR FINAL except that issue with micro-lam still not Resolved - Need ARCH to provide certification

11/16/04 ARCH LETTER ATTACHED - OK

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/12/2004
Date Issued ~~01/01/1954~~ 10-28-04
Control #
Permit # 04-3603+B

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

Block 527 Lot 32 Qual
Work Site Location 972 ROSEWOOD AVE
EXTEND FRONT PORCH/FRPL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

EXTEND FRONT PORCH TO END OF HOUSE ON RIGHT SIDE/2 GAS FIREPLACES

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/25/04	PM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			11/01/04	KEK
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2,000
2. Alteration $ 0
3. Total (1+2) $ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 40
Collected by: TOTAL FEE	$ 40
DCA State Permit Fee	$ 0

U.C.C. F110 (rev. 3/96)

CUT-IN-CARD

NEW JERSEY UNIFORM CONSTRUCTION CODE

MUNICIPALITY Brick

LOCATION 972 Rosewood Ave UTILITY CO

VOR 31850454 BLK 527 LOT 32

OWNER Kristi Shay OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 150 AMP 10

INSTALLED BY R. McCaughlin LICENSE NO [redacted]

DATE 7-24-09 PERMIT 09-363A INSPECTOR

DCP. 7/15/09

☐ CALLED IN /

Lic. No: 5151

U.C.C. Form F-350B 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR

Township of Brick
Zoning Permit

Approved: Tuesday, October 19, 2004 **Number:** 1578

Block 527 **Lot** 32 **Zone:** R-7.5

Property Address: 972 Rosewood Avenue

Applicant: Kristi-Shay Construction

Property Owner: Kristi-Shay Construction

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Front porch 7' 4" x 25' 8", 18' high.

Conditions: The porch must be set back at least 25 feet from the front property lines.
Zoning Permit No: 1248 approved 8/10/2004.

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
Municipal Planner

Sean Kinnevy
Zoning Officer

Township of Brick
Zoning Permit

Approved:	Tuesday, August 10, 2004	**Number:**	1248
Block 527	**Lot** 32	**Zone:**	R-7.5

Property Address:	972 Rosewood Avenue
Applicant:	Michael Sturchio, Kristi-Shay Construction
Property Owner:	Kristi-Shay Construction
Existing Use:	Single Family Residential (to be removed)
Proposed Use:	Single Family Residential
Proposed Construction:	Two story single family dwelling 49' 8" x 35', eave height 21', building height 25', building ridge height 29' with front porch 8' x 7.33', 30" high.
Conditions:	The house must be set back at least 25 feet from the front property lines, 6 feet from the side property line and 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
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

RECEIVED
OCT 15 2004
ZONING

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

BLOCK 527 LOT 32 QUALIFIER _____

PROPERTY ADDRESS 972 ROSEWOOD AVE

PERSONAL NAME OF APPLICANT Robert T. Shay Michael Stancato

BUSINESS NAME OF APPLICANT Kristi Shay Construction, Inc.

MAILING ADDRESS OF APPLICANT 63 Channel Dr. Brick 08723

PROPERTY OWNER'S FULL NAME KRISTI-SHAY CONSTRUCTION

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 EXTEND FRONT PORCH TO END OF HOUSE
☒ Alteration SIZE OF PORCH 25'1" x 7'4" x 18" HIGH
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

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: _____ Date 10/8/04

Reviewed by Zoning Office _____ Date 10/19/04 ( ) Approved ( ) Denied

10/18/04

March 2003

RECEIVED
AUG 2 2004
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

RECEIVED
AUG 9 2004
ZONING

BLOCK 597 LOT 32 QUALIFIER

PROPERTY ADDRESS 972 Rosewood Ave.

PERSONAL NAME OF APPLICANT Samuel J. Reynolds Michael Sturchio

BUSINESS NAME OF APPLICANT Kristi Shay Construction, Inc.

MAILING ADDRESS OF APPLICANT 63 Channel Dr. Brick 08723

PROPERTY OWNER'S FULL NAME KRISTI-SHAY CONSTRUCTN

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) NEW HOME 4 BR 49.67' x 36' Height 25'
☐ Addition - Height 2½ STY 2 CAR GARAGE ENCLOSED
☐ Alteration
☒ Porch or deck - Height Rear 8'x 30" HT
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

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.

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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 Date 7/30/04

Reviewed by Zoning Office Date 8/3/04 ( ) Approved (X) Denied

7/30/04
8/9/04

March 2003

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 11/16/04

NAME Kristi Shay Construction

ADDRESS 63 Channel Dr. Brick NJ 08723

PROPERTY LOCATION 972 Rosewood Ave

Account No I756006 Block 527 Lot 32

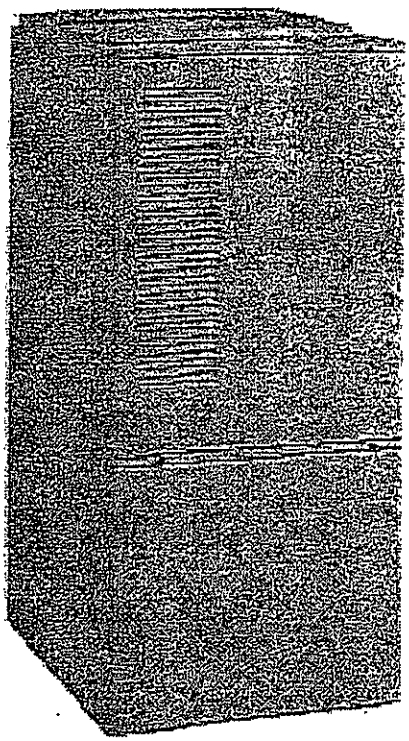
I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Carol Lindel

TECHNICAL SPECIFICATIONS

G6RA Series

High Efficiency Upflow/Horizontal Gas Furnace



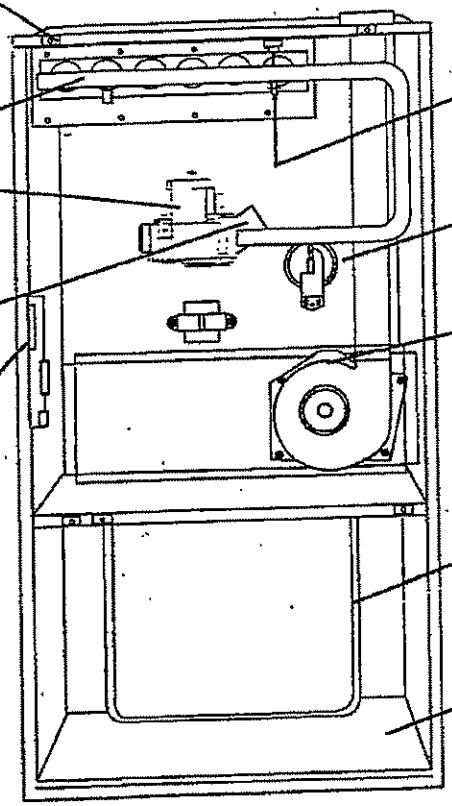
Induced Draft - 80+ AFUE
Input 45,000 - 144,000 Btuh

The high efficiency upflow gas furnace may be installed free standing in a utility room, basement, or enclosed in an alcove or closet. The extended flush jacket provides a pleasing "appliance appearance." Design certified by the American Gas Association (AGA) Laboratories and the Canadian Gas Association (CGA) Laboratories. The product is truly designed with the contractor and the consumer in mind.

FEATURES and BENEFITS

- Best warranty in the business —
  – A full 20 years on the heat exchanger
  – 6 years on all parts
- 100% fired and tested — All units and each component (both mechanical and electrical) are tested on the manufacturing line.
- Best packaging in the industry — Unique design assures product will arrive to the homeowner dent free.
- Clean and quiet operation — Due to the unique design of in-shot burners, location of inducer, return air vents, and use of insulation.
- Fixed 30-second blower delay at burner start-up assures a warm duct temperature at furnace start-up. Adjustable blower off settings (60, 90, 120 and 180 seconds).
- Fixed 30-second post purge increases life of heat exchanger.
- Dependable, shock-mounted hot surface ignitor — Innovative application of an appliance type igniter with a 20-year history of reliability, assures no call-backs because of handling.
- Color coded wire harness — Designed to fit the components, all with quick-connect fittings for ease of service and replacement.
- Approved for categories I and III venting systems — May be common, dedicated, or through-the-wall vented for maximum flexibility in installation.
- Tubular primary heat exchanger — Heavy gauge aluminized steel heat exchanger assures a long life.
- 90-second fixed cooling cycle blower-off delay (TDR) increases cooling performance when matched with a NORDYNE coil.
- Variable speed blower kit is available to maximize air conditioner and heat pump efficiencies. On selected units, SEER ratings up to 14 and HSPF ratings up to 8.5 are ARI listed.
- Multi-speed direct drive blower — Designed to give a wide range of cooling capacities. 40VA transformer included.
- LP convertible — Simple burner orifice and regulator spring change for ease of convertibility.
- Diagnostic lights flash to identify limit failure, pressure switch failure, improper ground and polarization, and low flame signal — for easy troubleshooting.
- Incorporates new integrated control board with connections for electronic air cleaner, humidifier and twinning.
- New two piece door design enhances furnace appearance and uses screw fasteners for easier accessibility.
- 3 amp fuse protection against low voltage shorts; protects transformer and control board.
- Low voltage terminal board for easy field wiring.
- Components and Controls — Designing quality into our products means selecting manufacturers that have a reputation for delivering high quality, dependable products.

FEATURES
High Efficiency Upflow/Horizontal 80+ Gas Furnace



Front door screw fasteners ensure tight fit.

Vent switch protects against blocked flue. (Not Shown)

Remote flame sensor for proof of flame carry-over

Aluminized steel in-shot burners, hot surface ignitor and redundant gas valve provide safe, reliable ignition and efficient combustion.

Single pressure switch assures proper operation of the induced draft system up to 10,000 feet.

Isolation grommets on the induced draft blower provide quiet operation.

Supply air limit.

Solid state integrated control monitors the burner flame and limit circuit continuously. Blower timing has adjustable OFF settings. Provides humidifier and electronic air cleaner connections.

Multi-speed PSC motor/blower provides quiet airflow, reliable operation and is installed on a slide-out track.

Solid bottom base plate for sturdy construction — with easily removed full bottom knock-out for bottom return applications.

STANDARD EQUIPMENT

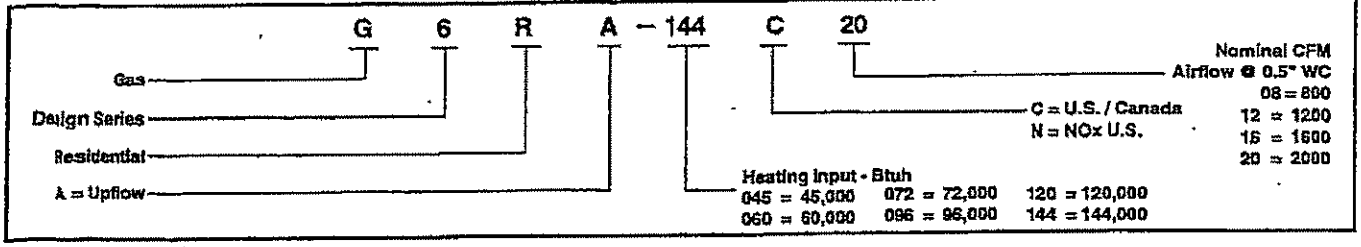
Draft inducer; pressure switch; redundant main gas control; hot-surface ignition; timed ON/OFF blower controls(TDR); 40VA transformer for air conditioner application; limit controls; solid base plate with knock-out for easy removal; direct drive motor; all models can be converted to use L.P. (propane) gas. Factory approved kits *only* must be used and are available as an optional accessory from your distributor.

SPECIFICATIONS

GAS FURNACE MODEL NUMBERS	-045(036)	-060(048)	-072(060)	-072(070)	-096(080)	-096(090)	-096(096)	-120(100)	-120(110)	-144(120)
Input-Btuh (a)	45,000	60,000	72,000	72,000	96,000	96,000	96,000	120,000	120,000	144,000
Heating Capacity - Btuh	36,000	48,000	58,000	58,000	77,000	77,000	77,000	96,000	96,000	115,000
AFUE	80+	80+	80+	80+	80+	80+	80+	80+	80+	80+
Max. Htg. Ext. St. Press. in W.C.	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5
Blower Wheel D x W	10 x 6	10 x 6	10 x 6	10 x 10	10 x 9	10 x 10	11 x 10	10 x 10	11 x 10	11 x 10
Motor H.P. -Speed -Type	1/5 - 3 - PSC	1/3 - 3 - PSC	1/3 - 3 - PSC	1/2 - 4 - PSC	1/3 - 3 - PSC	1/2 - 4 - PSC	3/4 - 4 - PSC	1/2 - 4 - PSC	3/4 - 4 - PSC	3/4 - 4 - PSC
Motor FLA	2.8	6.0	8.0	7.9	6.0	7.9	11.1	7.9	11.1	11.1
Temperature Rise Range - °F	45 - 75	45 - 75	45 - 75	40 - 70	50 - 80	50 - 80	40 - 70	50 - 80	45 - 75	45 - 75
Approximate Shipping Wt. - lbs.	108	120	120	125	157	158	165	172	174	183

All models are 115 V, 60 HZ. Gas connections are 1/2" N.P.T
AFUE= Annual Fuel Utilization Efficiency

IDENTIFICATION CODE



Through-the-Wall VENTING
Venting Requirements

These furnaces are approved to use with 3" single wall AL29-4C stainless steel vent pipe in through-the-wall vent applications, and with the required through-the-wall vent kit listed below. The pipe is available from the following manufacturers:

Z-Flex Inc. - vent brand name **(Z-VENT)**
Heat-fab Inc. - vent brand name **(Saf-T Vent)**
Flex-L International - vent brand name **(STAR-34 Vent)**

When venting through-the-wall, this is a Category III furnace, the vent pressure is positive, and the venting system must be sealed in both horizontal and vertical runs.

Model Number G6RA-	Min. Pipe Size	Reducer Needed	Flue Outlet (in.)	Max. # Elbows	Max. Ft. Vent Pipe
045( )-08	3"	None	3	4	35
060( )-12	3"	4" to 3"	4	4	35
072( )-12	3"	4" to 3"	4	4	35
072( )-16	3"	4" to 3"	4	4	35
096( )-12	3"	4" to 3"	4	4	35
096( )-16	3"	4" to 3"	4	4	35
096( )-20	3"	4" to 3"	4	4	35
120( )-16	3"	4" to 3"	4	4	35
120( )-20	3"	4" to 3"	4	4	35
144( )-20*	3"	4" to 3"	5	3	30

*NOTE: Special 5" to 4" Reducer Kit (#902249) required for model G6RA144C-120.

High Efficiency 80+ with Honeywell VR Gas Valve		
Kit		**Order Number**
U.S. High Altitude Natural Gas Conversion Kit (2,000 to 10,000 ft.)		903491
U.S. Propane Kit (0 to 2,000 ft.)		903492
U.S. High Altitude Propane Gas Conversion Kit (2,000 to 10,000 ft.)		903493
Canadian High Altitude Natural Gas Conversion Kit (2,000 to 4,500 ft.)		903494
Canadian Propane Gas Conversion Kit (0 to 4,500 ft.)		903495
Fossil Fuel Kit		914762
Side Return Filter Kit		541036
Bottom Return Filter Kit	A Cabinet	903088
	B Cabinet	903089
	C Cabinet	903090
Downflow Sub-Base	A Cabinet	902974
	B Cabinet	902677
Horizontal Vent Kit		903196
Internal Side Return Filter Wire		903152

VENTING

All models, with the exception of the reduced NOx models, are approved for vertical and through-the-wall venting applications (see table above). All models may be common vented with a gas water heater. Type B gas vent materials may be used when connected to a vertical vent system. The installation must be in accordance with the venting instructions supplied with the furnace.

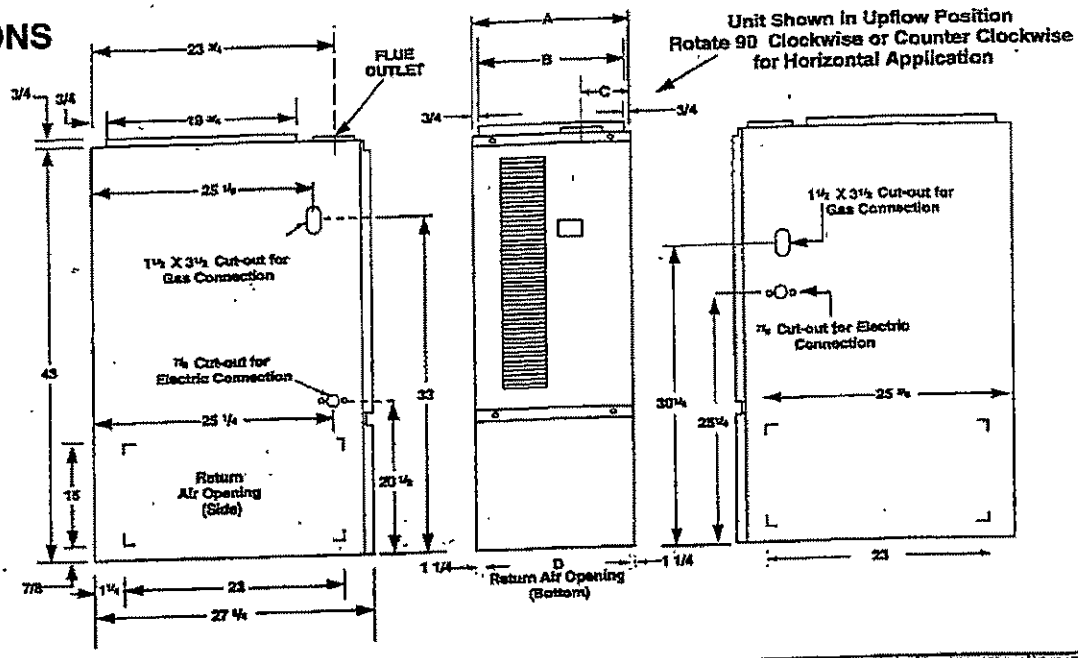
GENERAL TERMS OF LIMITED WARRANTY **

NORDYNE will furnish a replacement for any part of this product which fails in normal use and service within the applicable periods stated below, in accordance with the terms of the warranty.

G6RA Models Warranty
Gas Heat Exchanger ..... 20-Year Limited Warranty
Any Other Part ..... 6-Year Limited Warranty

** For complete details of the Limited Warranty, including applicable terms and conditions, see your local installer or contact the factory for a copy.

DIMENSIONS



MODEL NUMBER* G6RA	A (in.)	B (in.)	C (in.)	D (in.)	MODEL NUMBER G6BA	A (in.)	B (in.)	C (in.)	D (in.)
045(*)-08	14 1/4	12 3/4	3 1/4	11 3/4	096(*)-16	19 3/4	18 1/4	3 3/4	17 1/4
060(*)-12	14 1/4	12 3/4	3 3/4	11 3/4	096(*)-20	22 1/2	21	3 3/4	20
072(*)-12	14 1/4	12 3/4	3 3/4	11 3/4	120(*)-16	19 3/4	18 1/4	3 3/4	17 1/4
072(*)-16	19 3/4	18 1/4	3 3/4	17 1/4	120(*)-20	22 1/2	21	3 3/4	20
096(*)-12	19 3/4	18 1/4	3 3/4	17 1/4	144(*)-20	22 1/2	21	4 1/4	20

BLOWER PERFORMANCE

Upflow Furnace Airflow Data

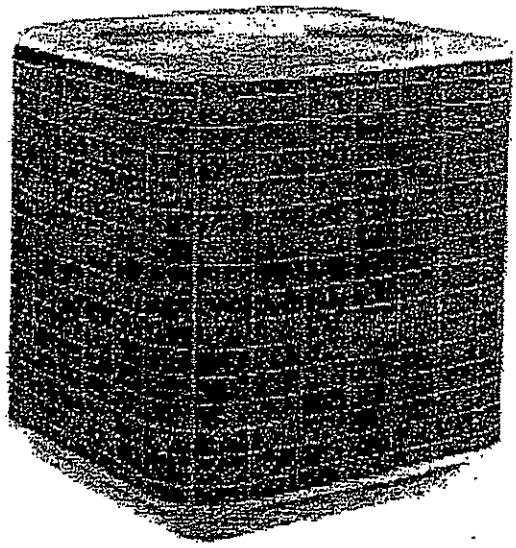
External Static Pressure, Inches Water Column

G6RA Furnace Model No.	Motor HP**	Motor Speed	.2		.4		.6		.8		.9	
			CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise
045C-08	1/6	High *	1000	-	970	-	950	-	920	-	870	-
		Medium	760	46	740	47	730	47	720	48	690	50
		Low **	630	56	620	56	610	57	600	58	570	61
060C-12	1/3	High *	1380	-	1350	-	1310	-	1260	-	1210	-
		Medium	1220	-	1190	-	1160	-	1120	-	1070	-
		Low **	820	57	800	58	780	59	760	61	730	63
072C-12	1/3	High *	1380	-	1350	-	1310	-	1260	-	1210	-
		Medium	1220	48	1190	47	1160	48	1120	49	1070	52
		Low **	820	68	800	69	780	71	760	73	730	76
072C-16	1/2	High *	1980	-	1910	-	1830	-	1760	-	1660	-
		Med-High	1710	-	1660	-	1610	-	1540	-	1470	-
		Med-Low	1490	-	1470	-	1420	-	1380	-	1320	-
		Low **	1270	44	1250	45	1230	45	1190	47	1140	49
096C-12	1/3	High *	1530	-	1450	-	1390	-	1300	-	1220	-
		Medium**	1380	54	1320	57	1250	71	1190	75	1100	81
		Low	930	-	900	-	870	-	820	-	750	-
096C-16	1/2	High *	1980	-	1910	-	1840	-	1760	-	1680	-
		Med-High	1720	-	1670	-	1610	-	1580	-	1480	-
		Med-Low **	1470	50	1440	52	1410	53	1370	54	1320	58
		Low	1270	58	1240	60	1220	61	1190	62	1140	65
096C-20	3/4	High *	2340	-	2290	-	2280	-	2180	-	2150	-
		Med-High	1910	-	1880	-	1860	-	1830	-	1810	-
		Med-Low	1520	48	1510	49	1480	50	1480	50	1460	51
		Low **	1370	54	1350	55	1340	55	1320	56	1300	57
120C-16	1/2	High *	1900	-	1830	-	1750	-	1630	-	1580	-
		Med-High **	1720	54	1670	56	1610	58	1560	59	1480	63
		Med-Low	1450	64	1420	65	1380	67	1340	69	1280	72
		Low	1260	-	1230	-	1200	-	1170	-	1120	-
120C-20	3/4	High *	2300	-	2250	-	2190	-	2130	-	2080	-
		Med-High	1910	49	1860	49	1850	50	1830	51	1800	52
		Med-Low**	1540	60	1530	61	1520	61	1500	62	1480	63
		Low	1320	-	1310	-	1300	-	1280	-	1260	-
144C-20	3/4	High *	2240	-	2190	-	2130	-	1070	-	2020	-
		Med-High**	1900	49	1860	50	1820	51	1780	52	1740	53
		Med-Low	1520	61	1510	61	1490	62	1480	63	1450	64
		Low	1330	-	1310	-	1290	-	1280	-	1250	-

*Factory wired cooling speed tap.
**Factory wired heating speed tap.
- Not Recommended

TECHNICAL
SPECIFICATIONS

S3BA Series
High Efficiency Air Conditioner
10 SEER
1-1/2 – 5 Ton Capacity



The S3BA Series of air conditioners offers exceptional performance from a small, compact package. The unit, when combined with our engineered coils or air handlers, offers a full line of quality, split system cooling equipment. Units are ideally sized for slab or rooftop mounting in single, multifamily, and light commercial applications.

FEATURES and BENEFITS

- **Durable, Attractive Cabinet**–Designed using galvanized steel with a high gloss polyester urethane powder coat finish. The 750 hour salt spray finish is 1.5 mil thick and resists corrosion 50% better than comparable units.
- **Copper Tube / Aluminum Fin Coils** – Both indoor and outdoor coils are designed to optimize heat transfer, minimize size and cost, and increase durability and reliability.
- **Permanently Lubricated Motor** – A heavy duty PSC motor for long lasting reliability and quiet operation. Requires no maintenance and is completely protected from rain and snow.
- **Full Service Valves** – These brass valves are easily accessible and simplify servicing of the refrigeration system.
- **Plastic Coated Coil Guard**–A wire guard that will never rust and protects the units coil from being damaged by balls, lawnmowers, etc.
- **Removable Top Grille Assembly** – Allows ease of service from the top without disconnecting fan motor leads.
- **One Piece Top/Orifice** – Designed for maximum airflow and quiet operation.
- **2-1/2" Pedestal Base** – The sturdy base keeps the bottom of the coil out of harms way. Secondly, the base has weep holes along the edge to allow the water from rain to flow away from the unit.
- **Five Minute Restart Time Delay** – When the unit shuts down, a five minute delay keeps the unit from restarting, eliminating the highest cause for compressor failure.
- **Easy Compressor and Control Access** – Designed to make servicing easier for the contractor, access panels are provided to all controls and the compressor from the side of the unit.
- **6 Year Limited All Parts Warranty** – The best in the industry and has proven to be a major benefit to the consumer.

MODEL IDENTIFICATION CODES

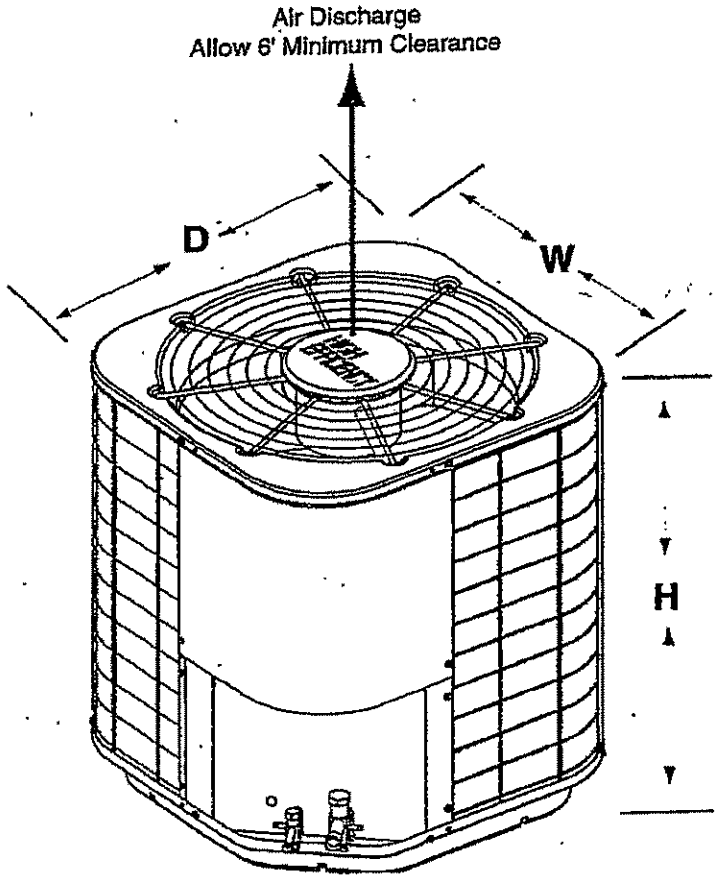
EX: S3BA-036K

S **3** **B** **A** - **036** **K**

- **S** — S - Air Conditioner; T - Heat Pump
- **3** — Generation 1, 2, 3. etc.
- **B A** — Product Identifier: BA = Braze 10 SEER; BC = Braze 12 SEER; BE = Braze 14 SEER
- **036** — Nominal Capacity (000) BTU
- **K** — Electrical Code: C = 208/230-60-3; K = 208/230-60-1

DIMENSIONS
OUTDOOR SECTION

S3BA-	018	024	030	036	042	048	060
H	22-1/2	22-1/2	26-1/2	30-1/2	34-1/2	26-1/2	34-1/2
W	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2	30-1/2
D	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2	30-1/2



PHYSICAL AND ELECTRICAL SPECIFICATIONS / OUTDOOR UNITS

10 SEER — High Efficiency — Single Phase

Model No. S3BA-			018K	024K	030K	036K	042K	048K	060K
Electrical Data	Volts-Cycles-Phase		208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1
	Total Amps		9.2	10.5	14.9	15.7	18.3	19.6	26.5
	Delay Fuse Max.		20	20	30	30	40	40	50
	Min. Circuit Ampacity		11.4	12.9	18.4	19.3	22.5	24.2	32.7
Component Data	Coil	Area	8.3	8.3	10.0	11.7	13.3	15.3	20.4
		Rows-FPI	1-16	1-18	1-20	1-20	1-22	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC	PSC	PSC	PSC	PSC
		Amps	0.67	0.67	1.25	1.25	1.25	1.4	1.5
		Watts-HP	145-1/10	145-1/10	210-1/8	210-1/8	210-1/8	245-1/4	300-1/4
	Fan Blade	Dia.-#Blades	18 in.-3	18 in.-3	18 in.-3	18 in.-3	18 in.-3	24 in.-2	24 in.-3
		SCFM	2100	2100	2500	2500	2500	3300	4000
	Compress	RLA	8.6	9.8	13.7	14.4	17.0	18.2	25.0
		LRA	49	56	75	82	105	102	170
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15 ft.	5/8"	5/8"	3/4"	3/4"	3/4"	7/8"	7/8"
		25 ft.	5/8"	3/4"	3/4"	3/4"	7/8"	7/8"	1-1/8"
		40 ft.	3/4"	3/4"	3/4"	7/8"	7/8"	7/8"	1-1/8"
Refrigerant Charge R-22 Ounces	(Outdoor unit, Indoor Unit 15' Line Set)		62	72	76	90	102	105	130
Weight Approximate (lbs.)		Net	140	142	148	154	160	166	178
		Ship	152	154	160	166	172	178	190

10 SEER — High Efficiency — Three Phase

Model No. S3BA-			036C	048C	060C
Electrical Data	Volts-Cycles-Phase (1)		208/230-60-3	208/230-60-3	208/230-60-3
	Total Amps		10.2	14	16.9
	Delay Fuse Max. (2)		20	30	35
	Min. Circuit Ampacity		12.5	17.2	20.8
Component Data	Coil	Area	11.7	15.3	20.4
		Rows-FPI	1-20	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC
		Amps	1.25	1.4	1.5
		Watts-HP	210-1/8	245-1/4	300-1/4
	Fan Blade	Dia.-#Blades	18 in.-3	24 in.-2	24 in.-3
		SCFM	2500	3000	3600
	Compress Data*	RLA	9.0	12.6	15.4
		LRA	70	91	124
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15 ft.	3/4"	7/8"	7/8"
		25 ft.	3/4"	7/8"	1-1/8" (5)
		40 ft.	7/8" (4)	7/8"	1-1/8" (5)
Refrigerant Charge R-22 Ounces	(Outdoor unit, Indoor Unit 15' Line Set)		90	105	130
Weight Approximate (lbs.)		Net	154	166	178
		Ship	166	178	190

COPPER WIRE SIZE — AWG (1% Voltage Drop)				
Supply Wire Length-Feet				Supply Circuit
200	150	100	50	Ampacity
6	8	10	14	15
4	6	8	12	20
4	6	8	10	25
4	4	6	10	30
3	4	6	8	35
3	4	6	8	40
2	3	4	6	45
2	3	4	6	50

Wire Size based on N.E.C. for 60° type copper conductors.

* Values shown are most severe and may vary slightly depending on the make of the compressor supplied.

(1) Operating Voltage Range: 198v min. — 253v max.

(2) HACR Type Circuit Breakers may be used.

(3) Requires 3/4" to 5/8" reducer from unit to line.

(4) Requires 7/8" to 3/4" reducer from line to unit.

(5) Requires 7/8" to 1-1/8" reducer from line to unit.

SYSTEM HEATING & COOLING CAPACITIES

10 SEER — High Efficiency — Single Phase

Outdoor Unit	With This Coil				
Model Number	Model Number	Cooling Btuh	SEER	Nominal cfm	Required Orifice Size
S3BA-018K	C3BL-018C/U-A	17,800	10.0	675	.051
S3BA-024K	C3BA-024C/U-B	23,600	10.0	800	.060
S3BA-024K	C3BL-023C/U-A	22,800	10.0	800	.060
S3BA-030K	C3BA-030C/U-B	29,600	10.0	1100	.067
S3BA-030K	C3BL-028C-A	28,200	10.0	1100	.067
S3BA-036K	C3BA-036C/U-B	34,600	10.0	1250	.073
S3BA-042K	C3BA-042C/U-C	40,000	10.0	1400	.077
S3BA-048K	C3BA-048C/U-C	45,500	10.0	1600	.082
S3BA-048K	C3BA-048C/U-B	45,000	10.0	1500	.082
S3BA-060K	C3BA-060C/U-C	56,500	10.0	1800	.096

Outdoor Unit	With This Air Handler				
Model Number	Model Number	Cooling Btuh	SEER	Nominal cfm	Required Orifice Size
S3BA-018K	B2B(M,V)-018K-A	17,800	10.0	675	.051
S3BA-024K	B2B(M,V)-024K-A	22,800	10.0	800	.060
S3BA-030K	B2B(M,V)-030K-B	29,600	10.0	1100	.067
S3BA-036K	B2B(M,V)-036K-B	34,600	10.0	1250	.073
S3BA-042K	B2B(M,V)-042K-C	40,000	10.0	1400	.077
S3BA-048K	B2B(M,V)-048K-C	45,500	10.0	1600	.082
S3BA-060K	B2B(M,V)-060K-C	56,500	10.0	1800	.096

ACCESSORIES - Condensing Unit

Start Assist Kit - 912933
Provides additional starting torque for the compressor motor when operating with low line voltage or high operating temperatures.

Thermostat
Two thermostats are available.
911096 - Single-Stage
911100 - Two-Stage Heat / One-Stage Cool

325A-0497 (Replaces 325A-1296)

Before purchasing this appliance, read important energy cost and efficiency information available from your retailer. Specifications and illustrations subject to change without notice and without incurring obligations. Printed in U.S.A. (5/97)

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITYOF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

********PLEASE READ AND SIGN********

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: KNIST-SHAY CONSTRUCTN

SIGNATURE: [signature] DATE: 7/29/04

BLOCK: 527 LOT: 32 ADDRESS: 972 ROSEWOOD

Permit Number

Checked By/Date

RES*check* Compliance Certificate

New Jersey Energy Subcode

RES*check* Software Version 3.5 Release 1a
Data filename: C:\Program Files\Check\REScheck\972 ROSEWOOD AVE.rck

COUNTY: Ocean
STATE: New Jersey
HDD: 5000
CONSTRUCTION TYPE: Single Family

DATE: 07/29/04
DATE OF PLANS: 7/29/04

PROJECT INFORMATION:
KRISTI SHAY CONSTRUCTION
LOT 9 BLOCK 527 LOT 32
972 ROSEWOOD AVE
BRICK TOWNSHIP

COMPLIANCE: Passes

Maximum UA = 413
Your Home UA = 344
16.7% Better Than Code (UA)

	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Raised or Energy Truss	1100	19.0	0.0		54
Wall 1: Wood Frame, 16" o.c.	501	13.0	0.0		33
Window 1: Vinyl Frame:Double Pane with Low-E	73			0.330	24
Door 1: Glass	21			0.330	7
Wall 2: Wood Frame, 16" o.c.	659	13.0	0.0		54
Wall 3: Wood Frame, 16" o.c.	735	13.0	0.0		51
Window 2: Vinyl Frame:Double Pane with Low-E	75			0.330	25
Door 2: Glass	42			0.330	14
Wall 4: Wood Frame, 16" o.c.	454	13.0	0.0		37
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	963	19.0	0.0		45

Furnace 1: Forced Hot Air, 78 AFUE
Air Conditioner 1: Electric Central Air, 10 SEER

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in RES*check* Version 3.5 Release 1a (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES *check* Inspection Checklist.

Builder/Designer _____ Date 7/29/04

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address 972 Rosewood

Block 527 Lock 32

Contractor Kristi Shay Construction, Inc

Contractor's Address 63 Channel Dr.

Type of Construction (minor, new home) New home

Type of Debris (shingles, siding, wood, etc.) Shingles - siding - wood

Party Responsible for removal Sindel Carting

Dumpster Size 40 Yard

Destination of Debris Discard OC Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature 7/29/04 Date

MICHAEL STUCHIO
Print Name

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Kristi Shay Constr. PHONE NO. 684-4427 Jeff (bus.)

ADDRESS: 63 Channel Dr. _____ (home)

Brick NJ 08723-7411

PROPERTY IN QUESTION: ADDRESS 972 Rosewood Ave

BLOCK(S) ~~888~~ 527 LOT(S) 32

BTMUA ACCOUNT NO. [redacted] TAX MAP DRAWING NO. 35A

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

* LOT HAS EXISTING SERVICE

	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 ROSEWOOD AVENUE (STREET) — 3/4" 2397.00 — 1" 4205.00

SEWER ROSEWOOD AVENUE (STREET) — 2748.00

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: July 14, 2004 SIGNED: James A Shay

C.G. 7/13/04

NOTE: STATEMENT GOOD FOR ONE YEAR.

UTILITY SERVICES FOR NEW HOMES

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

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

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

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

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

ATTACHMENT 'A'

If during construction the existing sanitary sewer clean out and water service curb box is found to be located in the driveway apron or walkways, the applicant will be required to re-locate the sewer clean out and/or water curb box at the applicant's expense.

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date _____

Property Address _____ Block _____ Lot _____

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

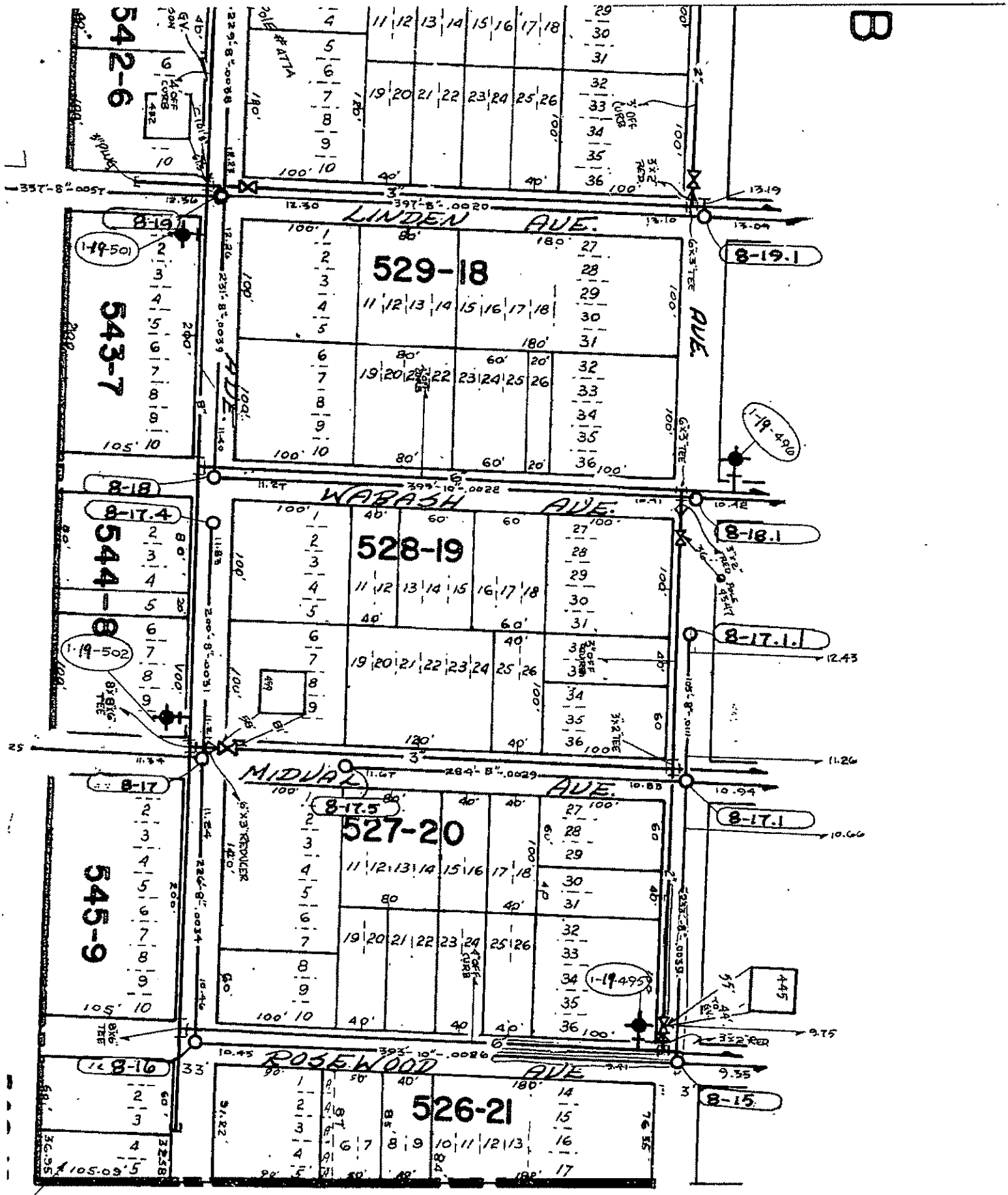
Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	_____	( ) _____	( ) _____
2. Lavatory	_____	( ) _____	( ) _____
3. Bath Tub	_____	( ) _____	( ) _____
4. Shower Stall	_____	( ) _____	( ) _____
5. Kitchen Sink	_____	( ) _____	( ) _____
6. Service Sink	_____	( ) _____	( )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

Gallons per minute _____

Size of Service _____ _____

Date: _____ Approved: _____

Brick Township Plumbing Inspector


B
542-6
543-7
544-8
545-9
529-18
528-19
527-20
526-21
LINDEN AVE.
WABASH AVE.
MIDWAY AVE.
ROSEWOOD AVE.
8-19
8-19.1
8-18
8-18.1
8-17.4
8-17.1
8-17
8-17.5
8-16
8-15
1-19-501
1-19-502
1-19-490
1-19-495

SHEET 35

SHADE TREE PERMIT

RECEIPT OF FEES

BLOCK: 527

LOT: 32

FEE: $ 25.00

INSPECTION: _____

APPLICATION FOR SHADE TREE PERMIT
ORDINANCE # 158-E-99

1. Name of Applicant: Kristi Shay Construction, Inc.

Address: 63 Channel Dr. Brick NJ 08723
Give name and address of person applying for permit. If Applicant is other than owner, give and identify names and addresses of both.

Telephone: 732 477-4665

2. Block: 527 Lot: 12
This information is located on deed or tax bill

3. Address if different from Applicant: _____
Give street & number if one is assigned. If there is no street number assigned, estimate distance and direction from nearest intersection or other easily recognizable landmark.

4. Location of trees on property SEE SURVEY and number of trees presently on property _____.

A. FOR INDIVIDUAL BUILDING LOTS:
Provide either a copy of a recent survey or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch. Include existing buildings, driveways, and other construction IN SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a C inside circle for coniferous (pine, etc.) trees and a D for deciduous trees.

*Note Trees to be removed will have an X through the circle.

If removal is desired because of proposed construction of any kind, include such construction in DOTTED LINES and identify if planting of new trees (including but not limited to those in note below) is proposed in application to replace those removed, or for any reason, show approximate proposed location with a DOTTED circle and specify species and approximate planting size (height & caliper)

There should be a minimum of one tree for each 2000 square foot after all tree removal and replacement (e.g. and 80 x 100 ft lot includes 8000 sqft & would require a minimum of 4 trees).

B. FOR OTHER ACREAGE
Include copy of subdivision plot plan or equivalent outling all wooded areas and solitary trees. Identify each (e.g. "heavily wooded mature oak with scattered Dogwood" or "sparsely wooded mixed Pitch Pine and small oak", etc.)

APPLICATION FOR SHADE TREE PERMIT
Page 2

*Note "Tree" for the purpose of this permit means
1. Any live coniferous tree 4' or more DBH (diameter breast high).
2. Any deciduous tree (live) 3' or more DBH.
3. Any live American Holly or Dogwood 1' or more, one foot above ground.
4. Any live Laurel 3' or more across root crown.

Date: 7/30/04

Name of Applicant: Kristi Shay Construction, Inc

Address: 63 Channel Drive

Brick NJ 08723

Block: 527 Lot: 32

Residential X Commercial _____

Address if different from Applicant: _____

SEE SURVEY

LOCATION OF TREES ON PROPERTY

NUMBER OF TREES PRESENTLY ON PROPERTY

Fees:

$5.00 per tree (maximum $25.00) on individual building lot

$25.00 per acre for approved subdivision/site plans

Amount of fee: $ 25.00

Reviewed by _____

Approved _____ Date: 8/12/04
Township Engineer

Kwiecinski and Associates
ARCHITECTS
architecture space planning

July 28, 2004

Brick Township Building Department
401 Chambers Bridge Road
Brick, N.J. 08723

Re: New Residence for:
Kristi Shay Construction
972 Rosewood Avenue
Block 527 Lot 32
Brick, N.J.

Dear Construction Official,

As per Ordinance No. 354-2D-03, following is the building height information for the above referenced project:

Building Eave Height – 21'-0"
Building Height – 25'-0"
Building Ridge Height – 29'-0"

Based upon the proposed heights shown, the building is within the height requirements of the township ordinance.

Please feel free to contact our office should you have any additional questions.

Very Truly Yours,

Kenneth S. Kwiecinski

1100 Ocean Road ▪ Point Pleasant ▪ New Jersey ▪ 08742
Phone: 732-295-4515 ▪ Fax: 732-295-5330

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Stephen C. Acropolis – President
Gregory S. Kavanagh
Anthony Matthews
Kathy M. Russell
Ruthanne Scaturro
Michael A. Thulen, Sr.
Frederick J. Underwood, Sr.

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

August 3, 2004

Michael Sturchio
Kristi-Shay Construction
63 Channel Drive
Brick, NJ 08723

Re: Block: 527 Lot: 32
972 Rosewood Avenue

Dear Mr. Sturchio,

Your zoning permit application for a house the referenced property cannot be approved because the application is incomplete.

- The dimensions on the plot plan and the construction plans must match.

Please amend your application and submit the required information to LisaRose Tavalaiccio, Zoning Permit Clerk. We will then be able to review your application.

Very Truly Yours,

Kate MacDonald
Assistant Zoning Officer

C: Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Sean Kinnevy, Zoning Officer
LisaRose Tavalaiccio, Zoning Permit Clerk
Daniel Newman, Construction Official

Resubmit 8/9/04 KM

SINGLE FAMILY DWELLING CHECKLIST

1. Construction Permit Jacket Completed and Signed — Yes ✓ No
2. Zoning Application Completed — Yes ✓ No
3. Two True Size Surveys — Yes ✓ No
4. Engineering Form:
   - Single Family Home Checklist — Yes ✓ No
   - Major Subdivision — Yes No ✓
5. Shade Tree Application — Yes ✓ No
6. Debris Form — Yes ✓ No
7. BTMUA Availability Statement — Yes ✓ No
8. (Building) Plumbing, Electrical and (Fire) Permits — Yes ✓ No
9. Gas Pipe Drawing — Yes No ✓
10. Drain Waste Venting Schematic (DWV) — Yes No ✓
11. Brochures:
    - Furnace — Yes ✓ No
    - Air Conditioner — Yes ✓ No
    - Fireplace — Yes No ✓
    - Boiler — Yes No ✓
12. Indicate options:
    - Fireplace (Gas or Wood) — Yes No ✓
    - Basement — Yes No ✓
    - Crawl — Yes ✓ No
    - Slab — Yes No ✓
    - Deck — Yes No ✓
13. Two Sets of Plans-architectural plans signed and sealed Homeowners Plans signed by homeowner on all pages — Yes ✓ No
14. Soil Boring Report showing seasonal high water table required for any new basements — Yes No ✓
15. Joist layout showing blocking for any engineered floor joist (TJI) — Yes No ✓
16. Modular Homes separate cost - the house is new building; site preparation, garages and decks are alterations — Yes No ✓
17. Model Energy Code — Yes ✓ No

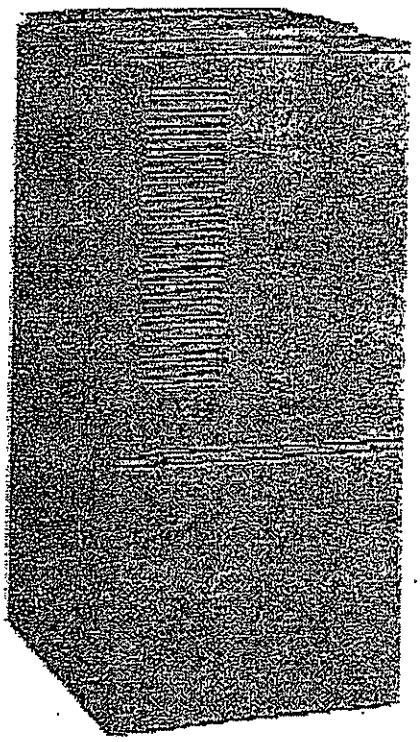
Please separate the cost for fireplaces and decks from the cost of the new building - they are considered alterations*

YOUR PERMIT APPLICATION WILL NOT BE ACCEPTED IF ANY OF THE ABOVE INFORMATION IS MISSING

TECHNICAL SPECIFICATIONS

G6RA Series

High Efficiency Upflow/Horizontal Gas Furnace



Induced Draft - 80+ AFUE

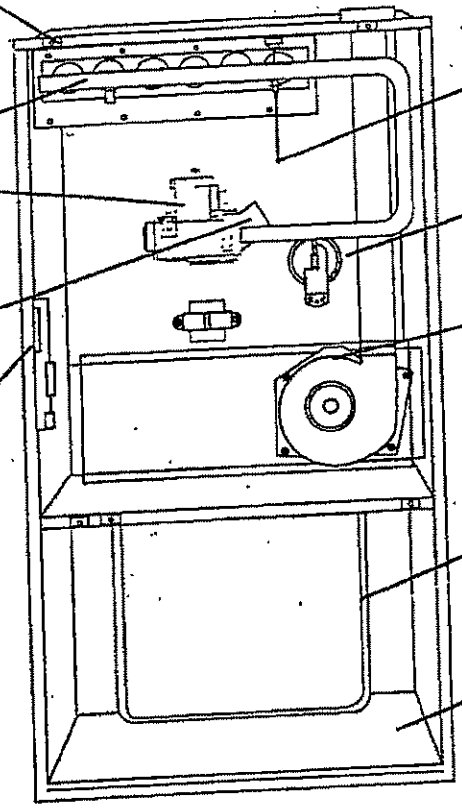
Input 45,000 - 144,000 Btuh

The high efficiency upflow gas furnace may be installed free standing in a utility room, basement, or enclosed in an alcove or closet. The extended flush jacket provides a pleasing "appliance appearance." Design certified by the American Gas Association (AGA) Laboratories and the Canadian Gas Association (CGA) Laboratories. The product is truly designed with the contractor and the consumer in mind.

FEATURES and BENEFITS

- Best warranty in the business —
  – A full 20 years on the heat exchanger
  – 6 years on all parts
- 100% fired and tested — All units and each component (both mechanical and electrical) are tested on the manufacturing line.
- Best packaging in the industry — Unique design assures product will arrive to the homeowner dent free.
- Clean and quiet operation — Due to the unique design of in-shot burners, location of inducer, return air vents, and use of insulation.
- Fixed 30-second blower delay at burner start-up assures a warm duct temperature at furnace start-up. Adjustable blower off settings (60, 90, 120 and 180 seconds).
- Fixed 30-second post purge increases life of heat exchanger.
- Dependable, shock-mounted hot surface ignitor — Innovative application of an appliance type igniter with a 20-year history of reliability, assures no call-backs because of handling.
- Color coded wire harness — Designed to fit the components, all with quick-connect fittings for ease of service and replacement.
- Approved for categories I and III venting systems — May be common, dedicated, or through-the-wall vented for maximum flexibility in installation.
- Tubular primary heat exchanger — Heavy gauge aluminized steel heat exchanger assures a long life.
- 90-second fixed cooling cycle blower-off delay (TDR) increases cooling performance when matched with a NORDYNE coil.
- Variable speed blower kit is available to maximize air conditioner and heat pump efficiencies. On selected units, SEER ratings up to 14 and HSPF ratings up to 8.5 are ARI listed.
- Multi-speed direct drive blower — Designed to give a wide range of cooling capacities. 40VA transformer included.
- LP convertible — Simple burner orifice and regulator spring change for ease of convertibility.
- Diagnostic lights flash to identify limit failure, pressure switch failure, improper ground and polarization, and low flame signal — for easy troubleshooting.
- Incorporates new integrated control board with connections for electronic air cleaner, humidifier and twinning.
- New two piece door design enhances furnace appearance and uses screw fasteners for easier accessibility.
- 3 amp fuse protection against low voltage shorts; protects transformer and control board.
- Low voltage terminal board for easy field wiring.
- Components and Controls — Designing quality into our products means selecting manufacturers that have a reputation for delivering high quality, dependable products.

FEATURES
High Efficiency Upflow/Horizontal 80+ Gas Furnace



Front door screw fasteners ensure tight fit.

Vent switch protects against blocked flue. (Not Shown)

Remote flame sensor for proof of flame carry-over

Aluminized steel in-shot burners, hot surface ignitor and redundant gas valve provide safe, reliable ignition and efficient combustion.

Single pressure switch assures proper operation of the induced draft system up to 10,000 feet.

Isolation grommets on the induced draft blower provide quiet operation.

Supply air limit.

Solid state integrated control monitors the burner flame and limit circuit continuously. Blower timing has adjustable OFF settings. Provides humidifier and electronic air cleaner connections.

Multi-speed PSC motor/blower provides quiet airflow, reliable operation and is installed on a slide-out track.

Solid bottom base plate for sturdy construction — with easily removed full bottom knock-out for bottom return applications.

STANDARD EQUIPMENT

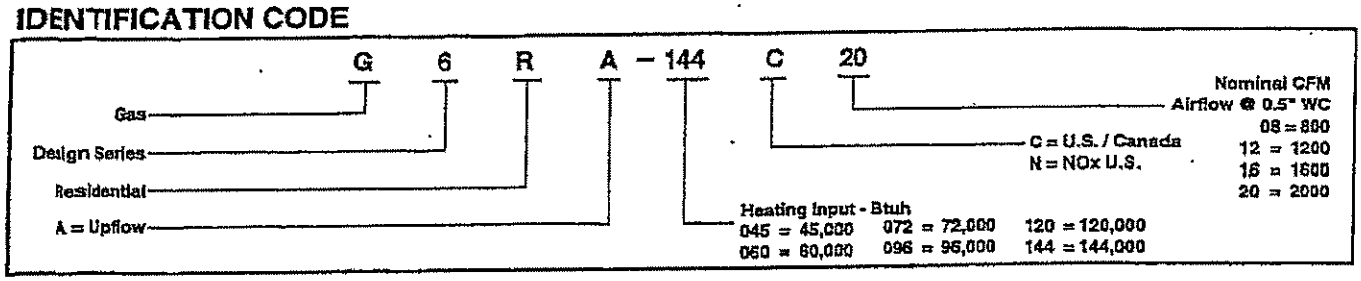
Draft inducer; pressure switch; redundant main gas control; hot-surface ignition; timed ON/OFF blower controls(TDR) ; 40VA transformer for air conditioner application; limit controls; solid base plate with knock-out for easy removal; direct drive motor; all models can be converted to use L.P. (propane) gas. Factory approved kits *only* must be used and are available as an optional accessory from your distributor.

SPECIFICATIONS

GAR MODEL NUMBERS	-045(060)	-060(080)	-072(096)	-072(096)	-096(120)	-096(120)	-096(120)	-120(150)	-120(150)	-144(180)
Input-Btuh (a)	45,000	60,000	72,000	72,000	96,000	96,000	96,000	120,000	120,000	144,000
Heating Capacity - Btuh	36,000	48,000	58,000	58,000	77,000	77,000	77,000	96,000	96,000	115,000
AFUE	80+	80+	80+	80+	80+	80+	80+	80+	80+	80+
Max. Htg. Ext. St. Press. in W.C.	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5
Blower Wheel D x W	10 x 6	10 x 6	10 x 8	10 x 10	10 x 9	10 x 10	11 x 10	10 x 10	11 x 10	11 x 10
Motor H.P. -Speed -Type	1/5 - 3 - PSC	1/3 - 3 - PSC	1/3 - 3 -PSC	1/2 - 4 -PSC	1/3 - 3 - PSC	1/2 - 4 -PSC	3/4 - 4 -PSC	1/2 - 4 -PSC	3/4 - 4 -PSC	3/4 - 4 -PSC
Motor FLA	2.8	6.0	6.0	7.9	6.0	7.9	11.1	7.9	11.1	11.1
Temperature Rise Range - °F	45 - 75	45 - 75	45 - 75	40 - 70	50 - 80	50 - 80	40 - 70	50 - 80	45 - 75	45 - 75
Approximate Shipping Wt. - lbs.	108	120	120	125	157	158	165	172	174	183

All models are 115 V, 60 HZ. Gas connections are 1/2" N.P.T
AFUE= Annual Fuel Utilization Efficiency

IDENTIFICATION CODE



Through-the-Wall VENTING
Venting Requirements

These furnaces are approved to use with 3" single wall AL29-4C stainless steel vent pipe in through-the-wall vent applications, and with the required through-the-wall vent kit listed below. The pipe is available from the following manufacturers:

Z-Flex Inc. - vent brand name **(Z-VENT)**
Heat-fab Inc. - vent brand name **(Saf-T Vent)**
Flex-L International - vent brand name **(STAR-34 Vent)**

When venting through-the-wall, this is a Category III furnace, the vent pressure is positive, and the venting system must be sealed in both horizontal and vertical runs.

Model Number G6RA	Min. Pipe Size	Reducer Needed*	Flue Outlet (in.)	Max. # Elbows	Max. ft. Vent Pipe
045( )-08	3"	None	3	4	35
060( )-12	3"	4" to 3"	4	4	35
072( )-12	3"	4" to 3"	4	4	35
072( )-16	3"	4" to 3"	4	4	35
096( )-12	3"	4" to 3"	4	4	35
096( )-16	3"	4" to 3"	4	4	35
096( )-20	3"	4" to 3"	4	4	35
120( )-16	3"	4" to 3"	4	4	35
120( )-20	3"	4" to 3"	4	4	35
144( )-20*	3"	4" to 3"	5	3	30

* NOTE: Special 5" to 4" Reducer Kit (#902248) required for model G6RA144C-120.

High Efficiency 80+ with Honeywell VR Gas Valve		
Kit		**Order Number**
U.S. High Altitude Natural Gas Conversion Kit (2,000 to 10,000 ft.)		903491
U.S. Propane Kit (0 to 2,000 ft.)		903492
U.S. High Altitude Propane Gas Conversion Kit (2,000 to 10,000 ft.)		903493
Canadian High Altitude Natural Gas Conversion Kit (2,000 to 4,500 ft.)		903494
Canadian Propane Gas Conversion Kit (0 to 4,500 ft.)		903495
Fossil Fuel Kit		914762
Side Return Filter Kit		541036
Bottom Return Filter Kit	A Cabinet	903088
	B Cabinet	903089
	C Cabinet	903090
Downflow Sub-Base	A Cabinet	902974
	B Cabinet	902677
Horizontal Vent Kit		903196
Internal Side Return Filter Wire		903152

VENTING

All models, with the exception of the reduced NOx models, are approved for vertical and through-the-wall venting applications (see table above). All models may be common vented with a gas water heater. Type B gas vent materials may be used when connected to a vertical vent system. The installation must be in accordance with the venting instructions supplied with the furnace.

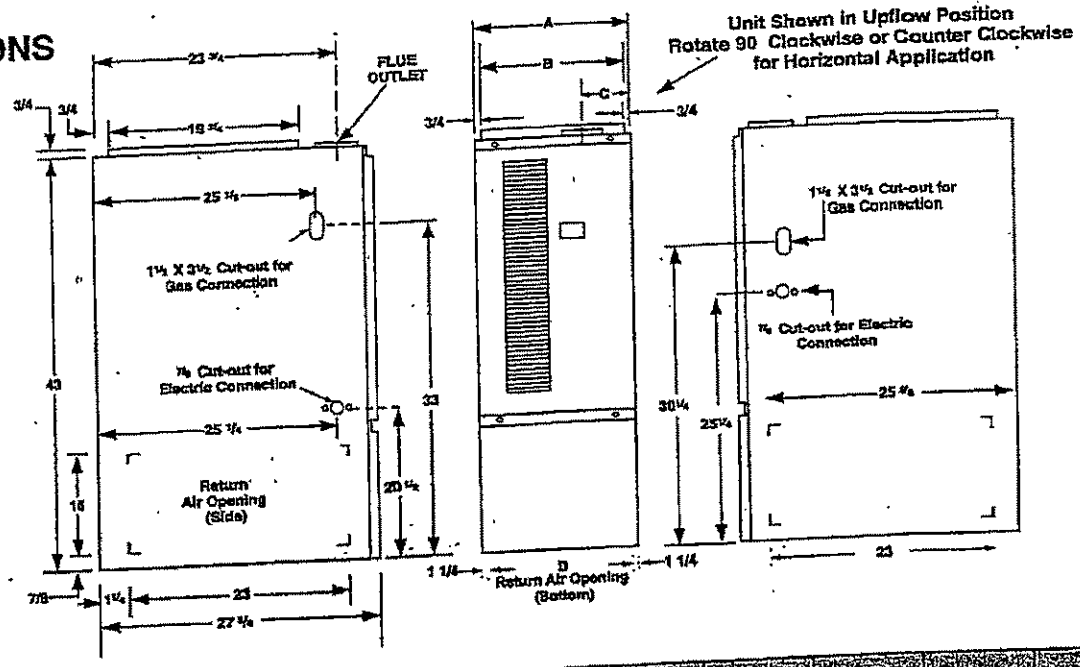
GENERAL TERMS OF LIMITED WARRANTY **

NORDYNE will furnish a replacement for any part of this product which fails in normal use and service within the applicable periods stated below, in accordance with the terms of the warranty.

G6RA Models Warranty
Gas Heat Exchanger ..... 20-Year Limited Warranty
Any Other Part ..... 6-Year Limited Warranty

** For complete details of the Limited Warranty, including applicable terms and conditions, see your local installer or contact the factory for a copy.

DIMENSIONS



MODEL NUMBER CGRA	A (in.)	B (in.)	C (in.)	D (in.)	MODEL NUMBER CGRA	A (in.)	B (in.)	C (in.)	D (in.)
045(*)-08	14 1/4	12 3/4	3 1/4	11 3/4	096(*)-16	19 3/4	18 1/4	3 3/4	17 1/4
060(*)-12	14 1/4	12 3/4	3 3/4	11 3/4	096(*)-20	22 1/2	21	3 3/4	20
072(*)-12	14 1/4	12 3/4	3 3/4	11 3/4	120(*)-16	19 3/4	18 1/4	3 3/4	17 1/4
072(*)-16	19 3/4	18 1/4	3 3/4	17 1/4	120(*)-20	22 1/2	21	3 3/4	20
096(*)-12	19 3/4	18 1/4	3 3/4	17 1/4	144(*)-20	22 1/2	21	4 1/4	20

BLOWER PERFORMANCE

Upflow Furnace Airflow Data

CGRA Furnace Model Nos.	Motor HP	Speed*	External Static Pressure (Inches Water Column) 0.1		0.2		0.3		0.4		0.5	
			CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise
045C-08	1/5	High *	1000	-	970	-	950	-	920	-	870	-
		Medium	760	48	740	47	730	47	720	48	690	50
		Low **	630	58	620	56	610	57	600	58	570	61
060C-12	1/3	High *	1380	-	1350	-	1310	-	1260	-	1210	-
		Medium	1220	-	1190	-	1160	-	1120	-	1070	-
		Low **	820	57	800	58	780	59	760	61	730	63
072C-12	1/3	High *	1380	-	1350	-	1310	-	1260	-	1210	-
		Medium	1220	46	1190	47	1160	48	1120	49	1070	52
		Low **	820	66	800	69	780	71	760	73	730	75
072C-16	1/2	High *	1980	-	1910	-	1830	-	1760	-	1660	-
		Med-High	1710	-	1660	-	1610	-	1540	-	1470	-
		Med-Low	1490	-	1470	-	1420	-	1380	-	1320	-
		Low **	1270	44	1250	45	1230	45	1190	47	1140	49
096C-12	1/3	High *	1530	-	1450	-	1380	-	1300	-	1220	-
		Medium**	1380	64	1320	67	1250	71	1190	75	1100	81
		Low	930	-	900	-	870	-	820	-	780	-
096C-16	1/2	High *	1980	-	1910	-	1840	-	1760	-	1680	-
		Med-High	1720	-	1670	-	1610	-	1560	-	1480	-
		Med-Low **	1470	50	1440	52	1410	53	1370	54	1320	56
		Low	1270	58	1240	60	1220	61	1190	62	1140	65
096C-20	3/4	High *	2940	-	2290	-	2280	-	2180	-	2160	-
		Med-High	1910	-	1880	-	1860	-	1830	-	1810	-
		Med-Low	1520	49	1510	49	1490	50	1480	50	1460	51
		Low **	1370	54	1350	55	1340	55	1320	56	1300	57
120C-16	1/2	High *	1900	-	1830	-	1750	-	1830	-	1580	-
		Med-High **	1720	54	1670	56	1610	59	1560	59	1480	63
		Med-Low	1450	64	1420	65	1380	67	1340	69	1280	72
		Low	1280	-	1230	-	1200	-	1170	-	1120	-
120C-20	3/4	High *	2300	-	2250	-	2190	-	2130	-	2090	-
		Med-High	1910	49	1880	49	1880	50	1830	51	1800	52
		Med-Low**	1540	60	1530	61	1520	61	1600	62	1480	63
		Low	1320	-	1310	-	1300	-	1280	-	1280	-
144C-20	3/4	High *	2240	-	2190	-	2130	-	1070	-	2020	-
		Med-High**	1900	49	1860	50	1820	51	1780	52	1740	53
		Med-Low	1520	61	1510	61	1480	62	1460	63	1450	64
		Low	1330	-	1310	-	1290	-	1280	-	1250	-

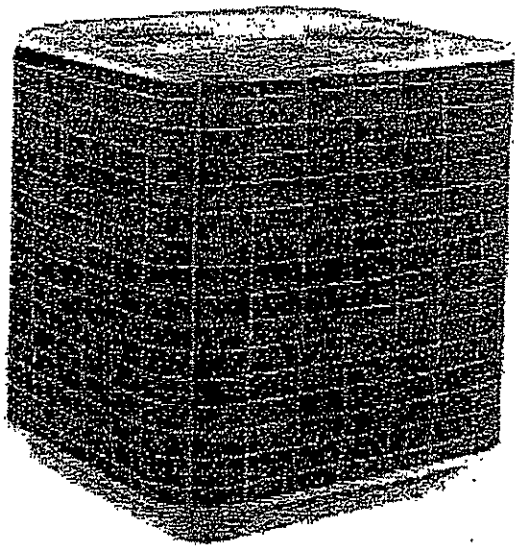
*Factory wired cooling speed tap.

**Factory wired heating speed tap.

- Not Recommended

TECHNICAL
SPECIFICATIONS

S3BA Series
High Efficiency Air Conditioner
10 SEER
1-1/2 – 5 Ton Capacity



The S3BA Series of air conditioners offers exceptional performance from a small, compact package. The unit, when combined with our engineered coils or air handlers, offers a full line of quality, split system cooling equipment. Units are ideally sized for slab or rooftop mounting in single, multifamily, and light commercial applications.

FEATURES and BENEFITS

- **Durable, Attractive Cabinet**–Designed using galvanized steel with a high gloss polyester urethane powder coat finish. The 750 hour salt spray finish is 1.5 mil thick and resists corrosion 50% better than comparable units.
- **Copper Tube / Aluminum Fin Coils** – Both indoor and outdoor coils are designed to optimize heat transfer, minimize size and cost, and increase durability and reliability.
- **Permanently Lubricated Motor** – A heavy duty PSC motor for long lasting reliability and quiet operation. Requires no maintenance and is completely protected from rain and snow.
- **Full Service Valves** – These brass valves are easily accessible and simplify servicing of the refrigeration system.
- **Plastic Coated Coil Guard** – A wire guard that will never rust and protects the units coil from being damaged by balls, lawnmowers, etc.
- **Removable Top Grille Assembly** – Allows ease of service from the top without disconnecting fan motor leads.
- **One Piece Top/Orifice** – Designed for maximum airflow and quiet operation.
- **2-1/2" Pedestal Base** – The sturdy base keeps the bottom of the coil out of harms way. Secondly, the base has weep holes along the edge to allow the water from rain to flow away from the unit.
- **Five Minute Restart Time Delay** – When the unit shuts down, a five minute delay keeps the unit from restarting, eliminating the highest cause for compressor failure.
- **Easy Compressor and Control Access** – Designed to make servicing easier for the contractor, access panels are provided to all controls and the compressor from the side of the unit.
- **6 Year Limited All Parts Warranty** – The best in the industry and has proven to be a major benefit to the consumer.

MODEL IDENTIFICATION CODES

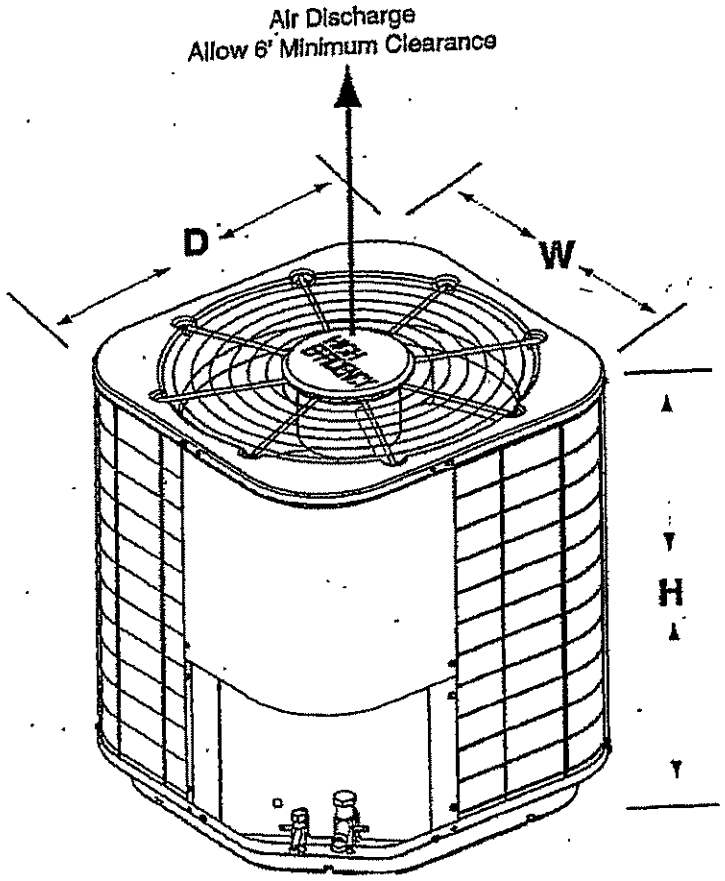
EX: S3BA-036K

S **3** **B** **A** - **036** **K**

- **S** - S = Air Conditioner, T = Heat Pump
- **3** - Generation 1, 2, 3. etc.
- **BA** - Product Identifier: BA = Braze 10 SEER, BC = Braze 12 SEER, BE = Braze 14 SEER
- **036** - Nominal Capacity (000) BTU
- **K** - Electrical Code: C = 208/230-60-3, K = 208/230-60-1

DIMENSIONS
OUTDOOR SECTION

S3BA-	018	024	030	036	042	048	060
H	22-1/2	22-1/2	26-1/2	30-1/2	34-1/2	26-1/2	34-1/2
W	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2	30-1/2
D	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2	30-1/2



PHYSICAL AND ELECTRICAL SPECIFICATIONS / OUTDOOR UNITS

10 SEER — High Efficiency — Single Phase

Model No. S3BA-			018K	024K	030K	036K	042K	048K	060K
Electrical Data	Volts-Cycles-Phase		208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1
	Total Amps		9.2	10.5	14.9	15.7	18.3	19.6	26.5
	Delay Fuse Max.		20	20	30	30	40	40	50
	Min. Circuit Ampacity		11.4	12.9	18.4	19.3	22.5	24.2	32.7
Component Data	Coil	Area	8.3	8.3	10.0	11.7	13.3	15.3	20.4
		Rows-FPI	1-16	1-18	1-20	1-20	1-22	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC	PSC	PSC	PSC	PSC
		Amps	0.67	0.67	1.25	1.25	1.25	1.4	1.5
		Watts-HP	145-1/10	145-1/10	210-1/8	210-1/8	210-1/8	245-1/4	300-1/4
	Fan Blade	Dia.-#Blades	18 in.-3	18 in.-3	18 in.-3	18 in.-3	18 in.-3	24 in.-2	24 in.-3
		SCFM	2100	2100	2500	2500	2500	3300	4000
	Compress	RLA	8.6	9.8	13.7	14.4	17.0	18.2	25.0
		LRA	49	56	75	82	105	102	170
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15 ft.	5/8"	5/8"	3/4"	3/4"	3/4"	7/8"	7/8"
		25 ft.	5/8"	3/4"	3/4"	3/4"	7/8"	7/8"	1-1/8"
		40 ft.	3/4"	3/4"	3/4"	7/8"	7/8"	7/8"	1-1/8"
Refrigerant Charge R-22 Ounces	(Outdoor unit, Indoor Unit 15' Line Set)		62	72	76	90	102	105	130
Weight Approximate (lbs.)		Net	140	142	148	154	160	166	178
		Ship	152	154	160	166	172	178	190

10 SEER — High Efficiency — Three Phase

Model No. S3BA-			036C	048C	060C
Electrical Data	Volts-Cycles-Phase (1)		208/230-60-3	208/230-60-3	208/230-60-3
	Total Amps		10.2	14	16.9
	Delay Fuse Max. (2)		20	30	35
	Min. Circuit Ampacity		12.5	17.2	20.8
Component Data	Coil	Area	11.7	15.3	20.4
		Rows-FPI	1-20	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC
		Amps	1.25	1.4	1.5
		Watts-HP	210-1/8	245-1/4	300-1/4
	Fan Blade	Dia.-#Blades	18 in.-3	24 in.-2	24 in.-3
		SCFM	2500	3000	3600
	Compress Data*	RLA	9.0	12.6	15.4
		LRA	70	91	124
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15 ft.	3/4"	7/8"	7/8"
		25 ft.	3/4"	7/8"	1-1/8" (5)
		40 ft.	7/8" (4)	7/8"	1-1/8" (5)
Refrigerant Charge R-22 Ounces	(Outdoor unit, Indoor Unit 15' Line Set)		90	105	130
Weight Approximate (lbs.)		Net	154	166	178
		Ship	166	178	190

COPPER WIRE SIZE AWG (1% Voltage Drop)				
Supply Wire Length-Feet				Supply Circuit
200	150	100	50	Ampacity
6	8	10	14	15
4	6	8	12	20
4	6	8	10	25
4	4	6	10	30
3	4	6	8	35
3	4	6	8	40
2	3	4	6	45
2	3	4	6	50

Wire Size based on N.E.C. for 60° type copper conductors.

* Values shown are most severe and may vary slightly depending on the make of the compressor supplied.

(1) Operating Voltage Range: 198v min. — 253v max.

(2) HACR Type Circuit Breakers may be used.

(3) Requires 3/4" to 5/8" reducer from unit to line.

(4) Requires 7/8" to 3/4" reducer from line to unit.

(5) Requires 7/8" to 1-1/8" reducer from line to unit.

SYSTEM HEATING & COOLING CAPACITIES

10 SEER — High Efficiency — Single Phase

Outdoor Unit	With This Coil				
Model Number	Model Number	Cooling Btuh	SEER	Nominal cfm	Required Orifice Size
S3BA-018K	C3BL-018C/U-A	17,800	10.0	675	.051
S3BA-024K	C3BA-024C/U-B	23,600	10.0	800	.060
S3BA-024K	C3BL-023C/U-A	22,800	10.0	800	.060
S3BA-030K	C3BA-030C/U-B	29,600	10.0	1100	.067
S3BA-030K	C3BL-028C-A	28,200	10.0	1100	.067
S3BA-036K	C3BA-036C/U-B	34,600	10.0	1250	.073
S3BA-042K	C3BA-042C/U-C	40,000	10.0	1400	.077
S3BA-048K	C3BA-048C/U-C	45,500	10.0	1600	.082
S3BA-048K	C3BA-048C/U-B	45,000	10.0	1500	.082
S3BA-060K	C3BA-060C/U-C	56,500	10.0	1800	.096

Outdoor Unit	With This Air Handler				
Model Number	Model Number	Cooling Btuh	SEER	Nominal cfm	Required Orifice Size
S3BA-018K	B2B(M,V)-018K-A	17,800	10.0	675	.051
S3BA-024K	B2B(M,V)-024K-A	22,800	10.0	800	.060
S3BA-030K	B2B(M,V)-030K-B	29,600	10.0	1100	.067
S3BA-036K	B2B(M,V)-036K-B	34,600	10.0	1250	.073
S3BA-042K	B2B(M,V)-042K-C	40,000	10.0	1400	.077
S3BA-048K	B2B(M,V)-048K-C	45,500	10.0	1600	.082
S3BA-060K	B2B(M,V)-060K-C	56,500	10.0	1800	.096

ACCESSORIES - Condensing Unit

Start Assist Kit - 912933
Provides additional starting torque for the compressor motor when operating with low line voltage or high operating temperatures.

Thermostat
Two thermostats are available.
911096 - Single-Stage
911100 - Two-Stage Heat / One-Stage Cool

Before purchasing this appliance, read important energy cost and efficiency information available from your retailer. Specifications and illustrations subject to change without notice and without incurring obligations. Printed in U.S.A. (5/97)

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER HARSTI-BADY DATE 8/24/04

PROPERTY ADDRESS 972 ROSEWOOD AVE. BLOCK 527 LOT 32

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	2-5	8.0	
2:KITCHEN GROUP	1	2.0	
3:~~WATER~~ CLOSETS			
4:LAVATORY			
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK			
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE	1	4.0	
12:URINAL			
13:FLOOR DRAIN			
14:DRINK FOUNTAIN			
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE			
18:FIRE SPRINKLE			
19:HOSE BIBS	2	3.5	

TOTAL 17.5

GALLONS PER MINUTE _____

SIZE OF SERVICE 3/4"

DATE: 8/24/04 APPROVED: _____

Resubmit 8/31/04

National Electrical Code
Plan Review Record
Township of Brick

Date: 8-23-04

Site Address: 972 Rose Wood

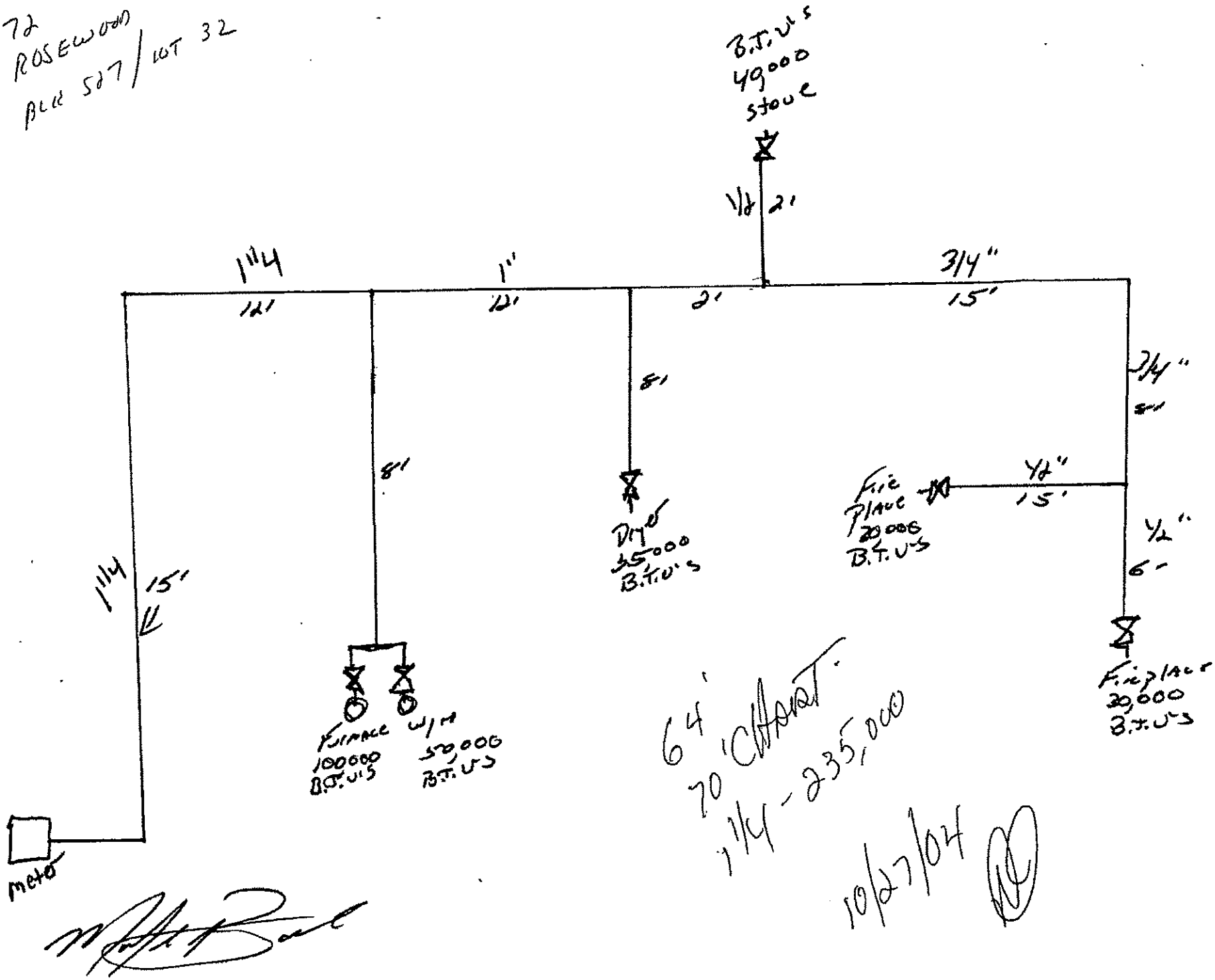
Reviewed By: MM

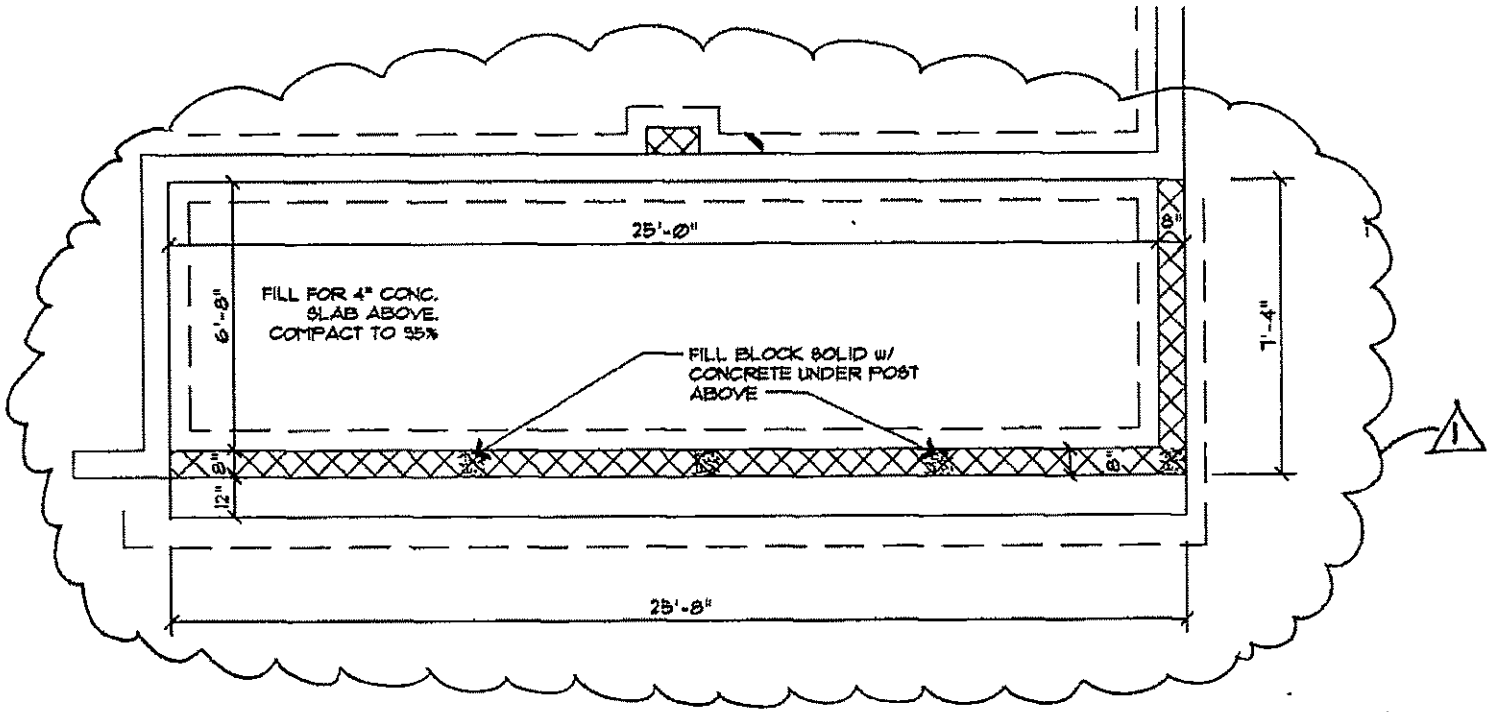
CORRECTION LIST

No.	Description
(1)	Equip Door with lw light
(2)	~~Dest~~ please note if ofc installed outlet Required with in 25'
(3)	laundry Room ? lw Elect

Party Called and Phone #: _____

Resubmitted on: _____ By: _____


972
ROSEWOOD
BLK 587 / LOT 32
B.T.U's
49000
stove
1/8
2'
1 1/4
12'
1"
12'
2'
3/4"
15'
8'
8'
1 1/4
15'
Dryer
35000
B.T.U's
Fire
Place
20000
B.T.U's
1/2"
15'
1/2"
6'
Fireplace
20,000
B.T.U's
Furnace w/ fan
100000
B.T.U's
50,000
B.T.U's
meter
64'
70' Chart
1 1/4 - 235,000
10/27/04



FOUNDATION PLAN

SCALE: 1/4" = 1'-0"

10/12/04

Title:
FOUNDATION DETAIL

no.	Revisions	date:
Project Number:	0448	
Drawn By:	JT	
Checked By:	KSK	
Date:	10/06/04	

SK-1

Sheet 1 of 1

NEW RESIDENCE FOR

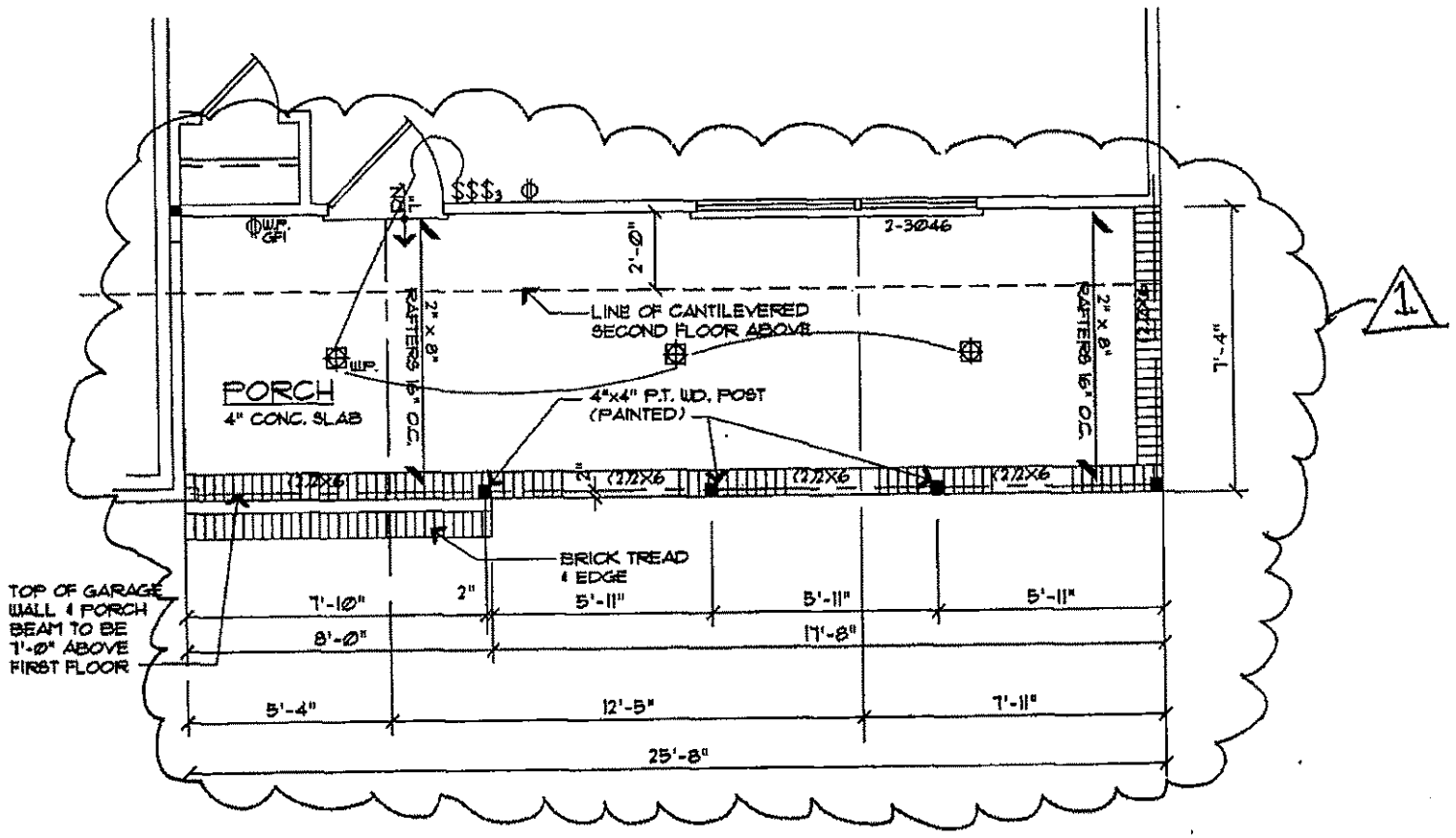
KRISTI SHAY CONSTRUCTION

LOT 32, BLOCK 527, 972 Rosewood Ave

BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

Kwiecinski & Associates
ARCHITECTS
architecture space planning
POINT PLEASANT
1190 Route 88
Point Pleasant, NJ 08742
Phone: 732-295-4515 Fax: 732-295-0370

Kenneth S. Kwiecinski AI 13307



FIRST FLOOR PLAN

SCALE: ¼" = 1'-Ø"

NEW RESIDENCE FOR

KRISTI SHAY CONSTRUCTION

LOT 32, BLOCK 527, 972 Rosewood Ave

BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

Kwiecinski & Associates

ARCHITECTS

architecture space planning

POINT PLEASANT

1190 Route 88

Point Pleasant, NJ 08742

Phone: 732-295-4515 Fax: 732-295-0330

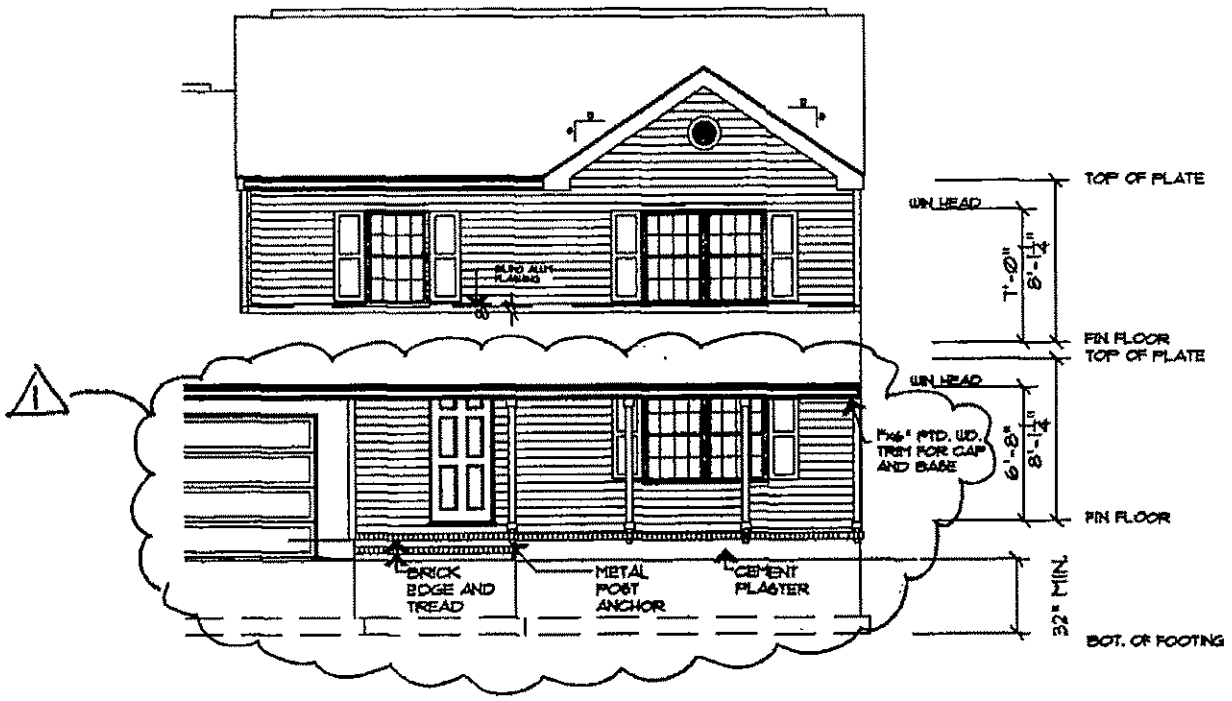
Kenneth E. Kwiecinski AI 12097

Title: FIRST FLOOR

No.	Revisions	date
Project Number:		0046
Drawn By:		JI
Checked By:		KEK
Date:		10/06/04

SK-2

Sheet 1 of 1



FRONT ELEVATION(PARTIAL)

SCALE: ¼" = 1'-0"

NEW RESIDENCE FOR

KRISTI SHAY CONSTRUCTION

LOT 32, BLOCK 527, 972 Rosewood Ave

BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

Kwiecinski & Associates
ARCHITECTS
architecture space planning
POINT PLEASANT
1100 Route 88
Point Pleasant, NJ 08742
Phone: 732-295-4515 Fax: 732-295-5330

Title:
FRONT ELEVATION

no.	Revisions	date:
Project Number:	0446	
Drawn By:	JT	
Checked By:	KSK	
Date:		10/06/04

SK-3

Sheet 1 of 1

11-15-2004

Brick Construction Offical,

Re: 972 Rosewood Ave

We will be storing our belonginss in the garage area only. We are aware that we can not block access to the electrical panel & outlets. We will also hold the Township of Brick Harmless of any damages prior to the issuance of a certificate of occupancy.

Thank you.

michele AMATULI.

OK

INSPECTOR: Darren P. Terrizzi

DATE: 11/17/04

JOB:

SECTION:

TYPE OF WORK: FINAL

WEATHER: Sunny

LOCATION: 972 Rosewood Dr

TEMPERATURE: 50°

BLOCK: 527

LOT: 32

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	XBlacktop	
2. Grading	X	
3. Sidewalk	N/A	
4. Road Pavement	N/A	
5. Landscaping & Sodding	Hay mark. Seed	
6. Clean-up Procedures	X	
7. Note on going construction in immediate area	X	
8. Safety	X	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

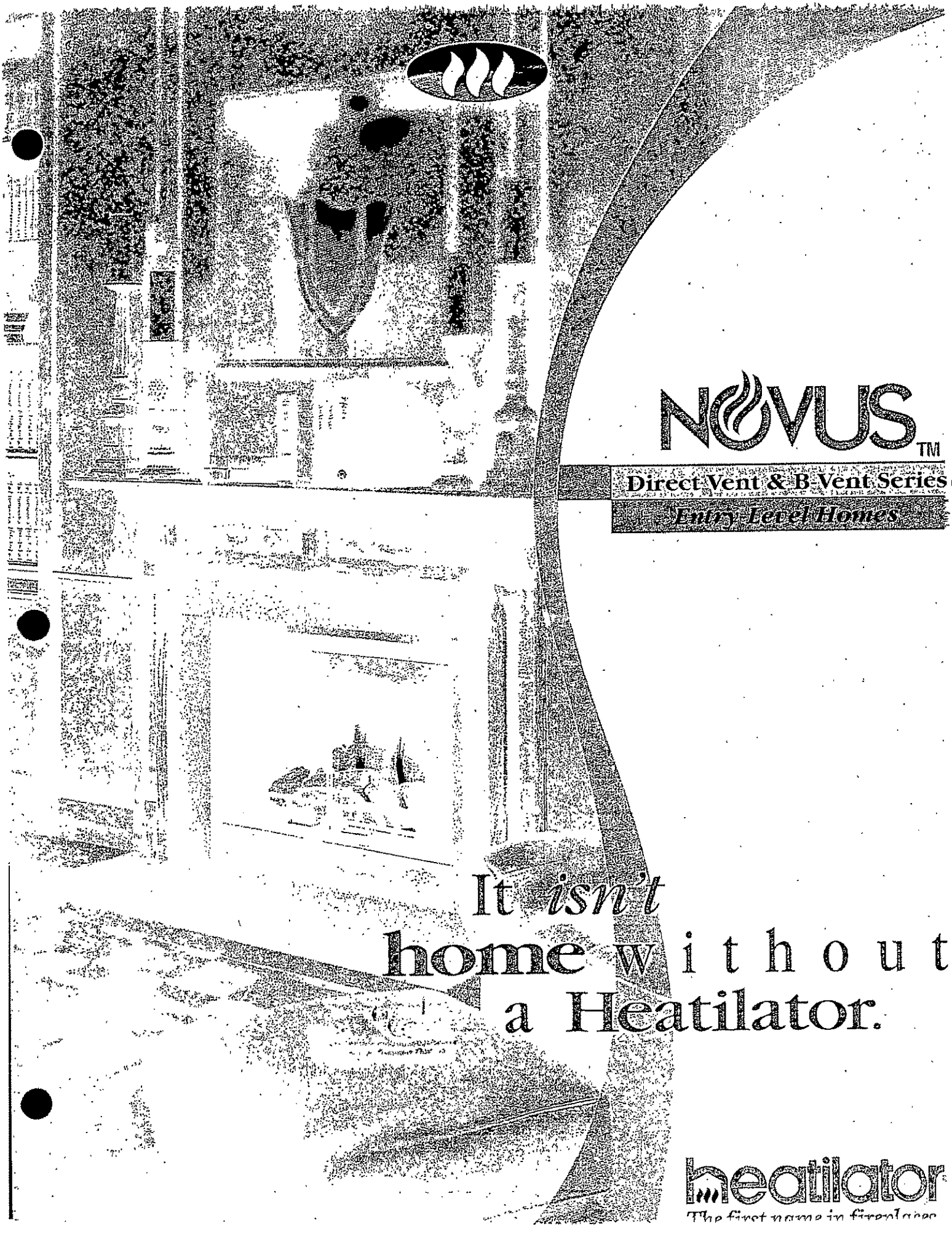
☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[EC Cox] MUNICIPAL ENGINEER

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



NOVUS™

Direct Vent & B-Vent Series

Entry Level Homes

It *isn't* home without a Heatilator.

heatilator

The first name in fireplaces

Novus

Direct Vent & B-Vent

The #1 Selling Product In Its Class Just Got Better!

Novus, the best selling gas fireplace of all time, is better than ever with features that are customer designed and driven.

- **More size choices** - 30", 33", 36" and now 42" wide viewing areas.
- **Top/rear direct vent** - All direct vent models now top/rear vent to simplify ordering and installation.
- **More designer front choices** - Top and bottom louvers standard and a choice of optional fronts including the unique Modernist and Arts & Crafts.
- Simplicity in surround - **Introducing the Rockefeller Surround,** a revolutionary new, simple-to-install surround made from FireBrick™ technology and created especially for the 36" and 42" Novus.
- **Upgraded burner system** - Accentuates the main flame and enhances the effect of the glowing embers.
- **Bigger logs** - Four distinct log sets, one for each fireplace size, capture the look of natural wood with even more realistic sculpting and colors.
- **More firebox options** - Black firebox interior standard with optional herringbone or traditional ceramic fiber refractory also available.
- **Larger viewing area** - Glass size is the same, but the black silk-screen edge is gone. Safety screen is standard on all models for added peace of mind.
- **Easier to understand nomenclature** - Model numbers reflect the framing dimension and glass width.
- Novus direct vent and b-vent models have **same framing dimensions** - simplifies installation!
- **Depth is value - 19 1/8"** deep firebox on all models.
- **Heater listed** to ANSI Z21.88 standards.
- **BTU's per hour - 30"** 20,000/14,000; **33"** 23,000/17,000; **36"** 25,000/19,000; **42"** 31,000/26,000

Intellifire™

- With Intellifire, there's no need for a constantly burning pilot, saving the homeowner an average of $7 per month. When the fireplace is turned on, the pilot lights first then ignites the main burner. When the fireplace is not operating, the pilot also shuts down.
- The Intellifire system installation choices include hardwiring, hardwiring with a battery backup or operating with two size D batteries (not included).
- All models available in standing pilot or the revolutionary Intellifire intermittent pilot electronic ignition system.

Certifications/General Considerations

- Certified for installation in bedrooms, bed/sitting rooms and mobile homes.
- Consult local building codes for local installation and operational guidelines.
- The rough framing dimensions shown represent the distance from stud to stud only and do not take into consideration the addition of sheetrock/drywall.
- Wiring for an optional fan kit or remote control must be done prior to finishing the installation.
- For best results, do not construct the framing until the unit is in place.
- A hearth extension is not required.

Venting Specifications

- Use of Heatilator DVP Series venting and accessories is required. 5" inner pipe; 8" outer pipe.
- Horizontal runs: 1" clearance bottom and sides; 3" clearance top. Vertical runs: 1" clearance

Finishing Materials

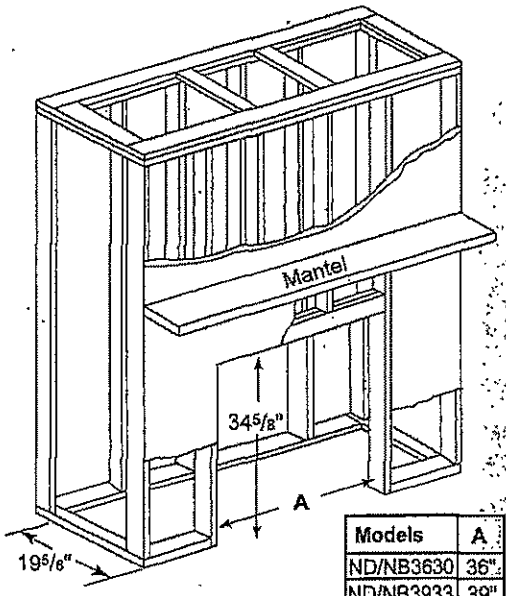
- When finishing the Novus, combustible material may be brought up to the sides of the fireplace but must never overlap the black area. The black metal may be completely covered with noncombustible material only, such as marble, tile, stone, etc.

Novus

Direct Vent & B-Vent Series

FRAMING & CLEARANCE DIMENSIONS

Framing Dimensions

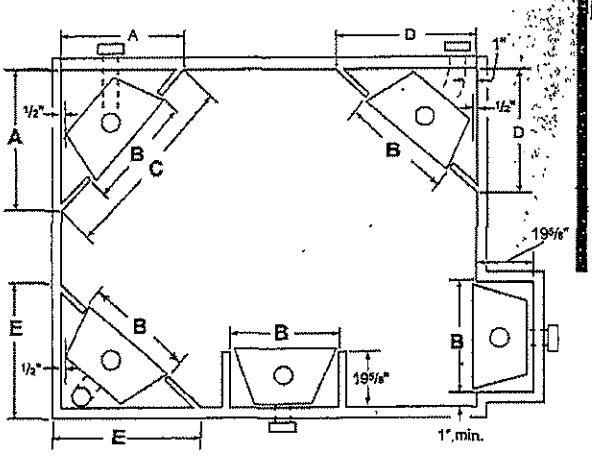


Models	A
ND/NB3630	36"
ND/NB3933	39"
ND/NB4236	42"
ND/NB4842	48"

Mantel Projection	Mantel Height
9" to 12"	41"
6" to 9"	39"
3" to 6"	38"
0 to 3"	36"

Mantel height listed is measured from the BASE of the appliance.

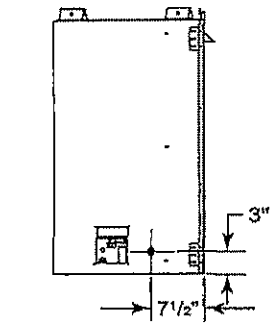
Clearance Dimensions



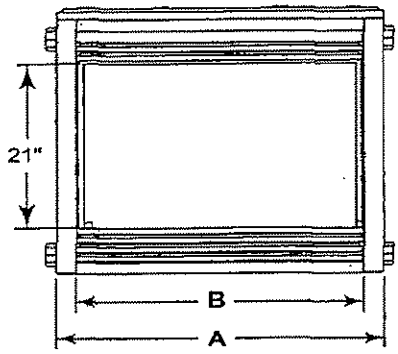
Models	A	B	C	D	E
ND/NB3630	33½"	36"	47⅛"	43⅜"	47¾"
ND/NB3933	35½"	39"	50⅛"	43⅜"	47¾"
ND/NB4236	37⅝"	42"	53⅛"	43⅜"	47¾"
ND/NB4842	41⅞"	48"	59⅛"	43⅜"	47¾"

Product Dimensions

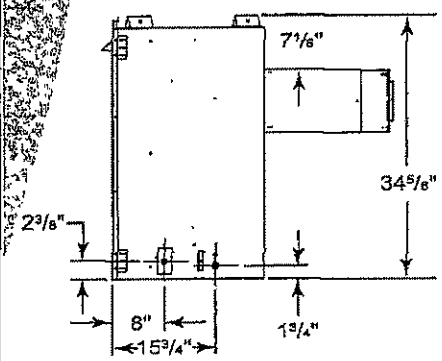
Model	A	B	C
ND/NB3630	35"	30"	8⅝"
ND/NB3933	38"	33"	11⅝"
ND/NB4236	41"	36"	14⅝"
ND/NB4842	47"	42"	20⅝"



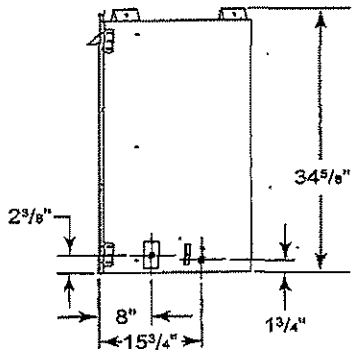
Direct Vent & B-Vent Left Side View



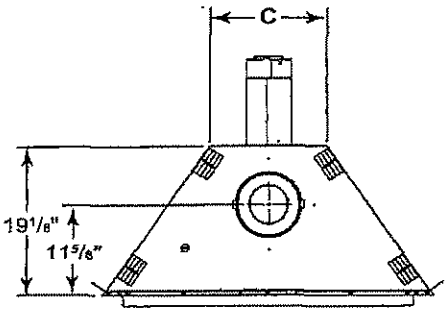
Direct Vent & B-Vent Front View



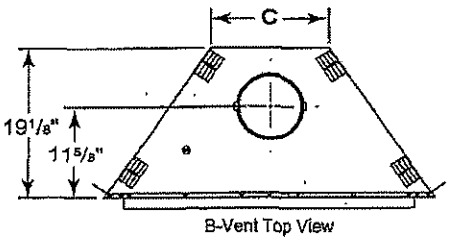
Direct Vent Right Side View



B-Vent Right Side View



Direct Vent Top View



B-Vent Top View

This information is for planning purposes only.
Please refer to installation instructions when installing this product.

Novus

Direct Vent & B-Vent Series — MODELS AVAILABLE

Top/Rear Direct Vent

Unit Size		Nomenclature	Ignition		Fuel	
Framing	Viewing	Model No.	Stdg Pilot	Intellifire	NG	LP
36"	30"	ND3630	♦		♦	
36"	30"	ND3630L	♦			♦
36"	30"	ND3630I		♦	♦	
39"	33"	ND3933	♦		♦	
39"	33"	ND3933L	♦			♦
39"	33"	ND3933I		♦	♦	
42"	36"	ND4236	♦		♦	
42"	36"	ND4236L	♦			♦
42"	36"	ND4236I		♦	♦	
48"	42"	ND4842	♦		♦	
48"	42"	ND4842L	♦			♦
48"	42"	ND4842I		♦	♦	

B-Vent

Unit Size		Nomenclature	Ignition		Fuel	
Framing	Viewing	Model No.	Stdg Pilot	Intellifire	NG	LP
36"	30"	NB3630	♦		♦	
36"	30"	NB3630I		♦	♦	
39"	33"	NB3933	♦		♦	
39"	33"	NB3933I		♦	♦	
42"	36"	NB4236	♦		♦	
42"	36"	NB4236I		♦	♦	
48"	42"	NB4842	♦		♦	
48"	42"	NB4842I		♦	♦	

AVAILABLE FROM

heatilator

The first name in fireplaces

a brand of Hearth & Home Technologies Inc.

1915 West Saunders Street • Mt. Pleasant, Iowa 52641

877-943-2848 • fax 800-259-1549

For consumer information: 800-927-6841

heatilator.com • fireplaces.com

The information provided in this literature is for planning purposes only. Please consult the installation manual for actual installation.

4020-017A CG 5/03

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Stephen C. Acropolis – President
Gregory S. Kavanagh
Anthony Matthews
Kathy M. Russell
Ruthanne Scaturro
Michael A. Thulen, Sr.
Frederick J. Underwood, Sr.

Department of Administration & Finance
Office of the Tax Collector
Jo Anne R. Lambusta, CTC
Tax Collector
(732) 262-1021
Fax: (732) 477-3746
jlambusta@twp.brick.nj.us
http://www.twp.brick.nj.us

Receipt for Public Works Garbage Can Deposit

Date: 11-8-04

ARICHA TR 11/08/2004 DP 11/09/2004
GR# 3486344 ACT# 311069 CK# 15786
TIME: 15:22:16 CK
2004 4 GARBAGE CAN PAYMENT 50.00

Block: 527 Lot: 32

Property Address: 972 Rosewood Ave.
Brick

Date of Payment: 11-8-04

April Richards
Tax Collectors Office

Kwiecinski and Associates
ARCHITECTS
architecture space planning

September 8, 2004

Brick Township Building Department
401 Chambers Bridge Road
Brick, N.J. 08723

Re: New Residence for:
Kristi Shay Construction
972 Rosewood
Block 527 Lot 32
Brick, N.J.

Dear Construction Official,

Please be advised that the 3 ½" x 9 ½" PSL located in the crawl space for the central girder is acceptable as designed per our plan. Our plan shall take precedent over the manufacturers plan for all sizes of structure indicated.

Please feel free to contact our office should you have any additional questions.

Very Truly Yours,

Kenneth S. Kwiecinski

1100 Ocean Road ▪ Point Pleasant ▪ New Jersey ▪ 08742
Phone: 732-295-4515 ▪ Fax: 732-295-5330

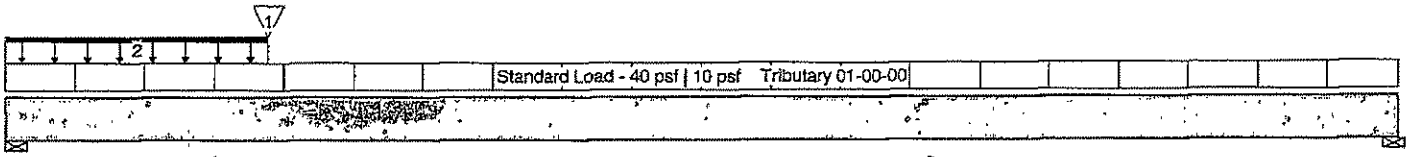
BC CALC® 2003 DESIGN REPORT - US

Tuesday, September 28, 2004-15:01

Single 3-1/2" x 7-1/2" VERSA-LAM® 3080 DF*

Job Name: 972 Rosewood Ave Brick Township Ocean County, NJ
Address:
City, State, Zip: ,
Customer: 84 Lumber Company Lakewood - Kristi Shay
Code reports: ICBO 5663, NER 442

File Name: 0408568.BCC : FLOOR 2\B_16 W Stair Support
Description:
Specifier: AOC
Designer:
Company: Boise
Misc:



B0, 3-1/2"
836 lbs LL
478 lbs DL

B1, 2-1/2"
418 lbs LL
186 lbs DL

Total Horizontal Length - 14-07-00

General Data

Version:	US Imperial
Member Type:	Floor Beam
Number of Spans:	1
Left Cantilever:	No
Right Cantilever:	No
Slope:	0/12
Tributary:	01-00-00
Live Load:	40 psf
Dead Load:	10 psf
Partition Load:	0 psf
Duration:	100

Disclosure

The completeness and accuracy of the input must be verified by anyone who would rely on the output as evidence of suitability for a particular application. The output above is based upon building code-accepted design properties and analysis methods. Installation of BOISE engineered wood products must be in accordance with the current Installation Guide and the applicable building codes. To obtain an Installation Guide or if you have any questions, please call (800)232-0788 before beginning product installation.

BC CALC®, BC FRAMER®, BCI®, BC RIM BOARD™, BC OSB RIM BOARD™, BOISE GLULAM™, VERSA-LAM®, VERSA-RIM®, VERSA-RIM PLUS®, VERSA-STRAND™, VERSA-STUD®, ALLJOIST® and AJS™ are trademarks of Boise Cascade Corporation.

Load Summary

ID	Description	Load Type	Ref.	Start	End	Type	Value	Trib.	Dur.
S	Standard Load	Unf. Area	Left	00-00-00	14-07-00	Live	40 psf	01-00-00	100%
						Dead	10 psf	01-00-00	90%
1	B_17 N Stair Hc	Conc. Pt. Bearing	Left	02-09-00	02-09-00	Live	671 lbs	n/a	100%
						Dead	254 lbs	n/a	90%
2		Unf. Lin.	Left	00-00-00	02-09-00	Live	0 plf	n/a	100%
						Dead	60 plf	n/a	90%

Controls Summary

Control Type	Value	% Allowable	Duration	Load Case	Span Location
Moment	3212 ft-lbs	36.2%	100%	2	1 - Internal
Neg. Moment	0 ft-lbs	n/a	100%		
End Shear	1241 lbs	24.9%	100%	2	1 - Left
Total Load Defl.	L/362 (0.484")	66.4%		2	1
Live Load Defl.	L/529 (0.331")	90.8%		2	1
Max Defl.	0.484"	48.4%		2	1

Bearing Supports

Name	Type	Dim. (L x W)	Value	% Allow Support	% Allow Member	Material
B0	Wall/Plate	3-1/2" x 3-1/2"	1314 lbs	17.2%	14.3%	Douglas Fir
B1	Wall/Plate	2-1/2" x 3-1/2"	604 lbs	11.0%	9.2%	Douglas Fir

Notes

Design meets Code minimum (L/240) Total load deflection criteria.
Design meets User specified (L/480) Live load deflection criteria.
Design meets arbitrary (1") Maximum load deflection criteria.
*** Cut from: 3 1/2" x 9 1/2" VERSA-LAM® 3080 DF**
Entered/Displayed Horizontal Span Length(s) = Clear Span + 1/2 min. end bearing + 1/2 intermediate bearing

Lakeside Engineering Services PC
CHRISTOPHER G DUDEK PE
35 Burnside Dr, E.Berlin PA 17316
New Jersey Lic No 23163

Kwiecinski and Associates
ARCHITECTS
architecture space planning

November 16, 2004

Brick Township Building Department
401 Chambers Bridge Road
Brick, N.J. 08723

Re: New Residence for:
Kristi Shay Construction
972 Rosewood
Block 527 Lot 32
Brick, N.J.

Dear Construction Official,

Please be advised that the notch located in the 9 ½" engineered lumber beam located above the first floor powder room is acceptable.

Please feel free to contact our office should you have any additional questions.

Very Truly Yours,

Kenneth S. Kwiecinski

1100 Ocean Road ▫ Point Pleasant ▫ New Jersey ▫ 08742
Phone: 732-295-4515 ▫ Fax: 732-295-5330

04-3603

Certificate of Occupancy Single Family Dwelling

Address 972 Rosewood Ave Block 527 Lot 32

Final Inspections:

1. Final Building
2. Final Electric
3. Final Plumbing
4. Final Fire
5. Certificate of Compliance
6. Final Engineering
7. Final Ocean County Soil
8. Home Owners Warranty/Affidavit

Report of compliance from Ocean County Soils is needed when more than 5000 sq. ft. are disturbed, always when more than 1 house is constructed (Major/Minor Subdivisions).

Building _____ Approval Date 11/17/04

Plumbing _____ Approval Date 11/15/04

Fire _____ Approval Date 11/15/04

Electrical _____ Approval Date 11/17/04

Cert. Of Compliance _____ Approval Date 11/16/04

HOW/ Affidavit _____ Approval Date 169003 DCA

Engineering _____ Approval Date 11/17/04

Soil _____ Approval Date n/a

Affordable Housing _____ Approval Date EXEMPT

Occupancy Load _____ Approval Date n/a

Garbage Can Receipt _____ Approval Date 11/8/04

CO Application _____ Approval Date 11/8/04

Site Location: 972 ROSEWOOD

Block: 527 Lot: 32

Owner's Name: KRISTI-SHAY CONSTRUCTION

Owner's Mailing Address: 63 CHANNEL DR
BRICK NJ 08723

Phone: (732) 477-4665

BUILDING

Contractor: KRISTI-SHAY CONSTRUCTION

Address: 63 CHANNEL DR
BRICK NJ 08723

Phone#: 732 477-4665

Lis # [redacted]

Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

NEW SINGLE FAMILY HOME
4 BR 2½ BATH
2 CAR GARAGE
CRAWLSPACE

Type of Work

✓ New Building	___ Siding
___ Addition	___ Fence
___ Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft
___ Fireplace wd/gas	

Building Characteristics

Use Group Present: INC-R5 Proposed: _____

No of Stories: 2

Height of Structure: 25

Area of the largest floor: 720 SQ FT

Area of New Structure: 2063 SQ FT

Volume of New Structure: 16,504 CU FT

Total Land Disturbed: 2750 SQ FT

Cost of Alteration: $ _____

Cost of New Building: $ _____

Cost of Site Work $ _____

Total Cost of New Building Work: $ 55,000

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

ELECTRICAL

Contractor: _____

Address: _____

Phone#: _____

Lis #: _____

Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: _____

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

PLUMBING

Contractor: _____
Address: _____
_____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: KNUT-SHAW CONSTRUCTN
Address: 63 CHANNEL DR
ANCRAM NY 08223
Phone #: 732 [redacted] 4665
Lis #: [redacted]
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Heating Type: X Gas ___ Oil ___ Electric ___ Solar
Heating System is X New ___ Existing
Location of Furnace/Boiler: 1ST FLOOR UTILITY RM / ATTIC
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	6
Heat Detectors	
Total	6
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

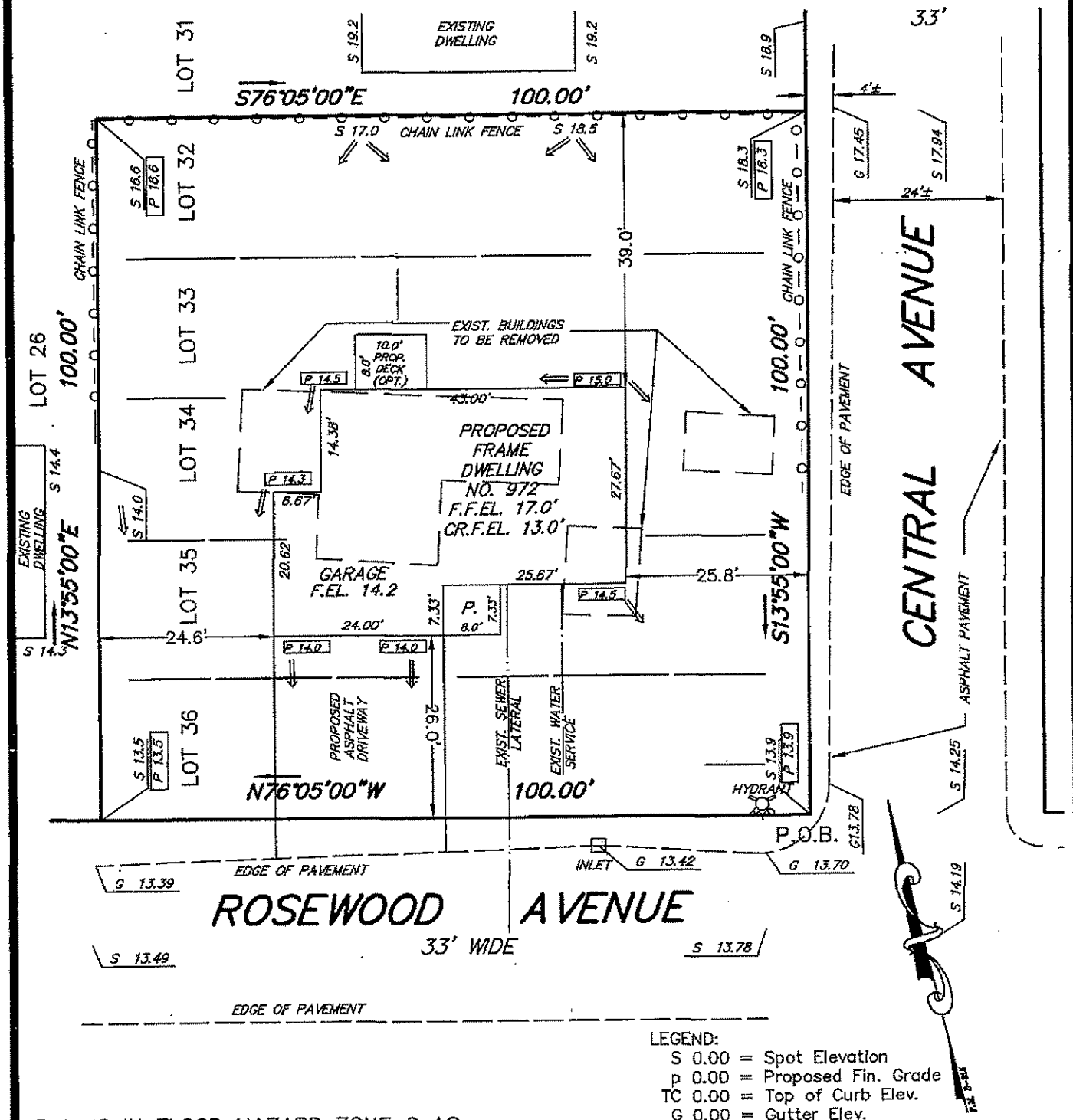
Gas Stove 1
Gas Dryer 1
Furnace (Gas or Oil) 2
Gas Fireplace _____
Gas Logs _____
Total Appliances 5

Wood Burning Stove _____
Wood Fireplace _____
Other:

W/H HEATER

Estimated Cost of Fire Work 500.00

I hereby certify that I am the agent/owner of record and am



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

P.Q. IS IN FLOOD HAZARD ZONE C AS PER F.I.R.M. #345285–0004
LOT AREA = 10,000 SQ.FT.
ALSO KNOWN AS LOT 32 BLOCK 527 ON THE BRICK TOWNSHIP TAX MAP.

REVISED 8/06/04 – CORRECT DWELLING SIZE
REVISED 7/30/04 – ADD PROPOSED DECK
REVISED 7/26/04 – ADD PROPOSED DWELLING & GRADES

SURVEY OF PROPERTY
LOTS 32,33,34,35 & 36 BLOCK 20
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:
KRISTI SHAY CONSTRUCTION, INC.
MID–STATE ABSTRACT COMPANY/
FIRST AMERICAN TITLE INSURANCE COMPANY

MORRIS & GLASGOW, INC.
LAND SURVEYING & PLANNING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732–899–0965
CERT. OF AUTHORIZATION NO. 24GA28024500

Elbert Morris Pres 7/6/04

ELBERT MORRIS Date

BLOCK 12.1 LOT 29 DATE RECEIVED

PROPERTY ADDRESS 972 ROSEWOOD

APPLICANT KRISTI- SHAY CONSTRUCTION PHONE 477-4665

ADDRESS 63 CHANNEL DR BRICK NJ 08723

CONTRACTOR Kristi Shay Construction PHONE 732-477-4665

ADDRESS 63 Channel Dr Brick NJ 08723

TYPE OF WORK NEW HOME ZONING APPROVAL

FLOOD ZONE NO FLOOD ELEVATION

PANEL # MAP # DATE

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES NO

		YES	NO	N/A
1.	PLAN SIGNED & SEALED	X		
2	SCALE OF NOT LESS THAN 1"-50"	X		
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)	X		C
4.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	X		
5	STREET GUTTER, CURB & CENTER LINE ELEVATIONS	X		
6.	CONTOURS 1' INCREMENTS	X		
7.	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS	X		
8.	PROPOSED GRADING/ELEVATIONS	X		
9.	GARAGE/ST FLOOR/CRAWL SPACE/BASEMENT ELEVATIONS	X		
10.	PROPOSED DWELLING, DIMENSIONS & CORNER ELEVATIONS	X		
11.	METHOD OF DRAINAGE	X		
12.	NORTH ARROW	X		
13.	DRIVEWAY WIDTH/TYOE	X		
14.	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES	X		
15.	PROPERTY ADDRESS/LOT AND BLOCK NUMBER	X		
16.	SIDEWALK, CURB AND APRONS	X		
17.	PARKING AREAS	X		
18.	UTILITY AND CONNECTIONS; WATER/SEWER/GAS/ELECTRIC	X		
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS	—		
20.	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH	X		
21.	LIMITS OF CLEARING	—		
22.	BASEMENTS/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS	—		
23.	PRIOR APPR: ARMY CORP/NJDEP/SOIL EROSION, ETC.	—		
24.	EXISTING STRUCTURES	X		
25.	RETAINING WALLS/SERVICE WALKS, OTHER MISC. ITEMS	—		

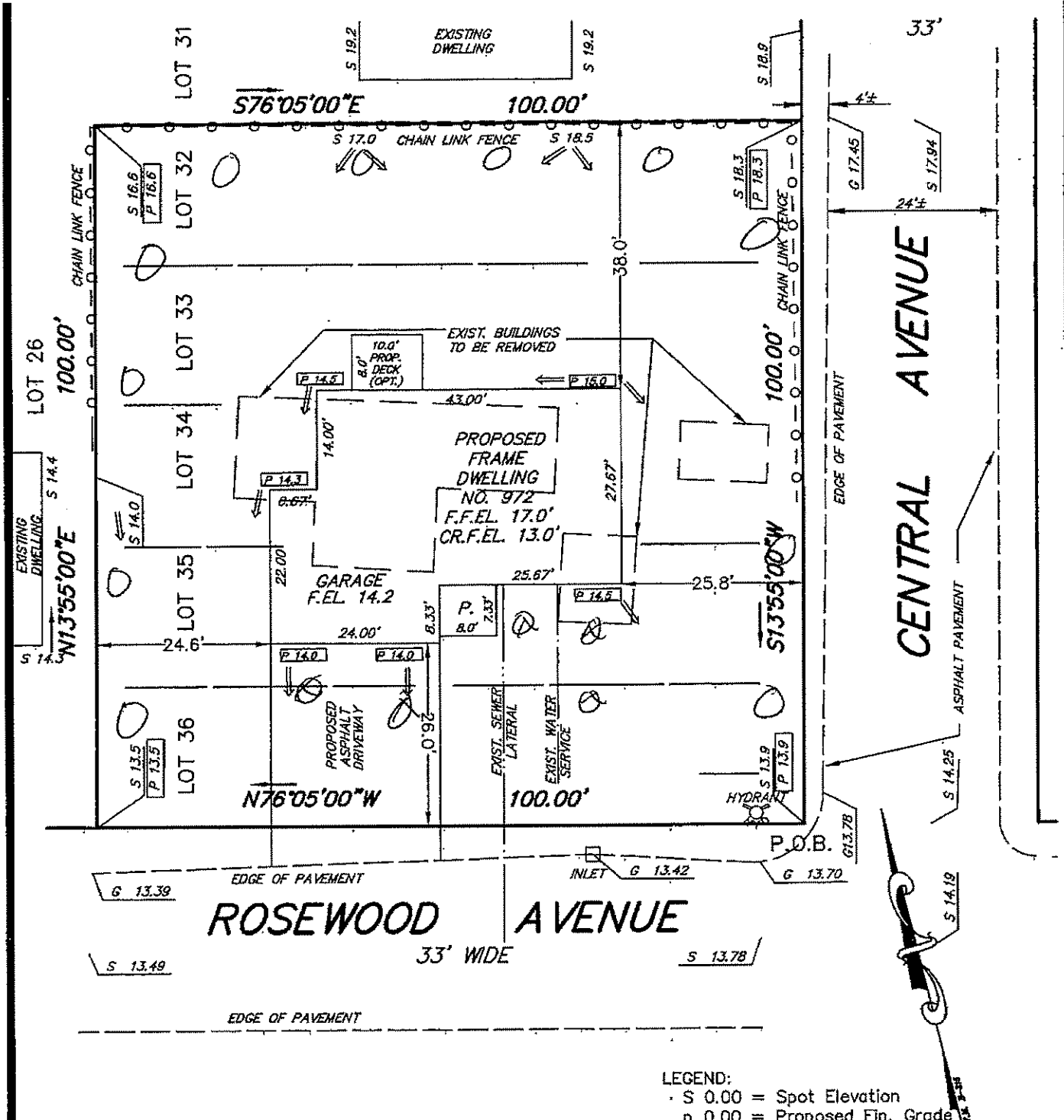
PLOT PLAN REVIEW:

APPROVED X REJECTED SIGNED DATE 8/13/04

REVISION:

APPROVED REJECTED SIGNED DATE

COMMENTS:



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

P.Q. IS IN FLOOD HAZARD ZONE C AS PER F.I.R.M. #345285–0004
LOT AREA = 10,000 SQ.FT.
ALSO KNOWN AS LOT 32 BLOCK 527 ON THE BRICK TOWNSHIP TAX MAP.

REVISED 7/30/04 – ADD PROPOSED DECK
REVISED 7/26/04 – ADD PROPOSED DWELLING & GRADES

SURVEY OF PROPERTY
LOTS 32,33,34,35 & 36 BLOCK 20
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:
- KRISTI SHAY CONSTRUCTION, INC.
- MID–STATE ABSTRACT COMPANY/ FIRST AMERICAN TITLE INSURANCE COMPANY
- WILBERT, MONTENEGRO & THOMPSON, P.A.

MORRIS & GLASGOW, INC.
LAND SURVEYING & PLANNING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732–899–0965
CERT. OF AUTHORIZATION NO. 24GA28024500

Elbert Morris 7/6/04

ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509

Contractor: BODE Mechanical LLC
Address: 312 Hayes Ave
Bayville, N.J. 08721
Phone #: 732-237-3300
Lis #: [redacted]
Federal Emp # or SSN [redacted]

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	2
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	1
Lavatory (BR Sink)	3
Shower	1
Floor Drain	
Sink	Kit 1
Dishwasher	1
Drinking Fountain	
Washing Machine	1
Hose Bib	2
Gas Piping 1 No. of outlets	4
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	1
Septic Tank Closure	
Sewer Service Connection	1
Water Service Connection	1
Active Solar System	
Auxiliary Meter	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work $7500

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

Signature: [signature]

Please Print Name: Mark S Bode

CONTRACTOR'S SEAL

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Tank Removal
Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks ___capacity___fuel
LPG Storage Tanks ___capacity___fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
CO Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System Commercial	

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

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work

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

Site Location: 972 Rosewood Avenue Brick NJ 08723
Block: 527 Lot: 32
Owner's Name: Kristi Shay Construction Inc.
Owner's Mailing Address: 63 Channel Dr. Brick NJ 08723

Phone: (732) 477-4665

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

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

ELECTRICAL

Contractor: Robert J McLaughlin Elec Contr Inc.
Address: 12-8th St. Bayonne, N.J. 08005
Phone#: 609-660-0306
Lis #: [redacted]
Federal Emp # or SSN [redacted]

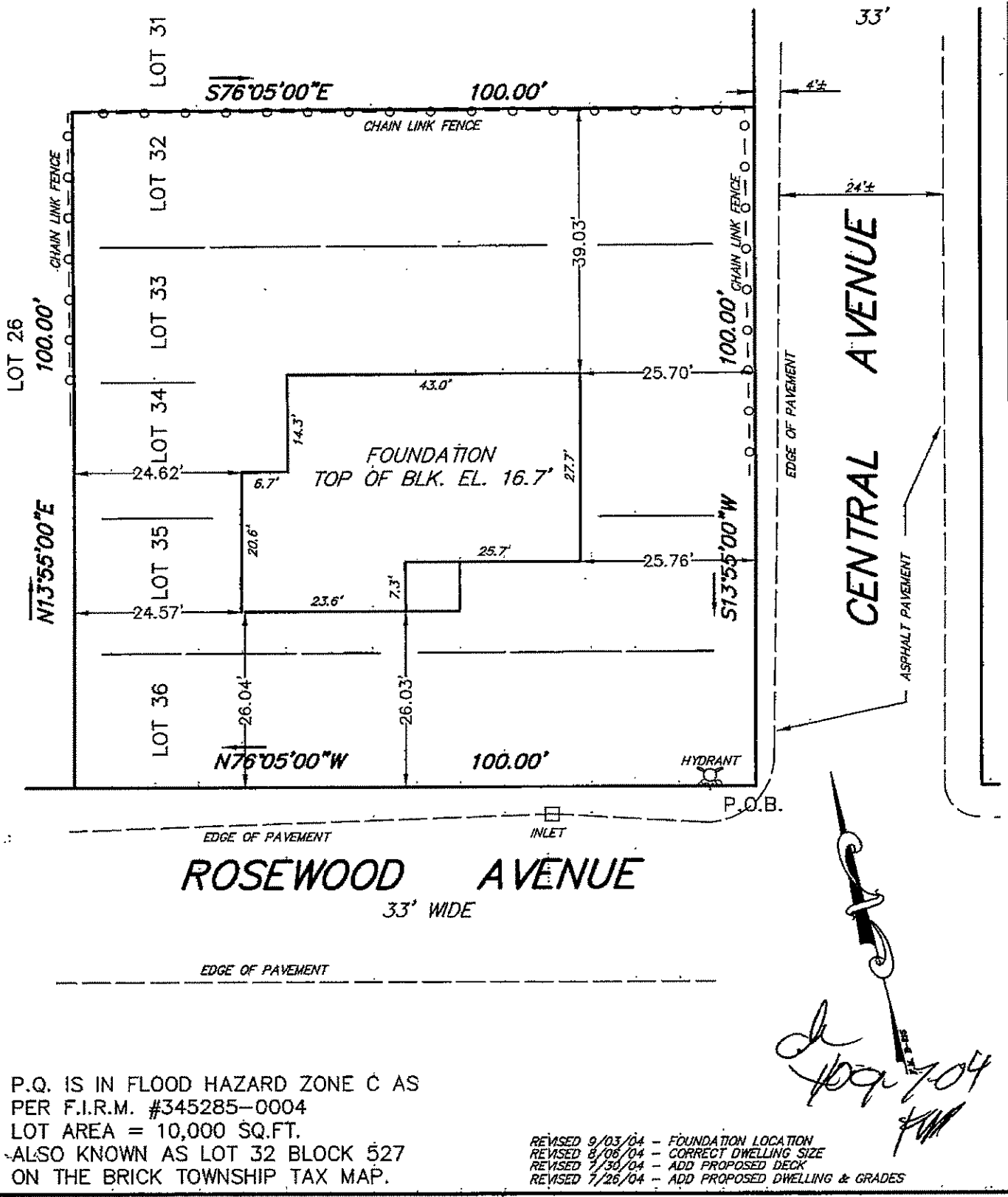
Technical Data

Item	Quantity
Lighting Fixtures	15
Receptacles	50
Switches	30
Detectors	6
Light Poles	
Motors w/ Fract. HP	3
Emergency & Exit Lights	
Communication Points	4
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	1.2 KW
Garbage Disposal	HP
A/C Unit –Central Air	5 KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Sprinkler System	
Service	150 AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	1 direct line
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 3,000

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

DO HAND DO



P.Q. IS IN FLOOD HAZARD ZONE C AS
PER F.I.R.M. #345285–0004
LOT AREA = 10,000 SQ.FT.
ALSO KNOWN AS LOT 32 BLOCK 527
ON THE BRICK TOWNSHIP TAX MAP.

REVISED 9/03/04 – FOUNDATION LOCATION
REVISED 8/06/04 – CORRECT DWELLING SIZE
REVISED 7/30/04 – ADD PROPOSED DECK
REVISED 7/26/04 – ADD PROPOSED DWELLING & GRADES

SURVEY OF PROPERTY
LOTS 32,33,34,35 & 36 BLOCK 20
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:
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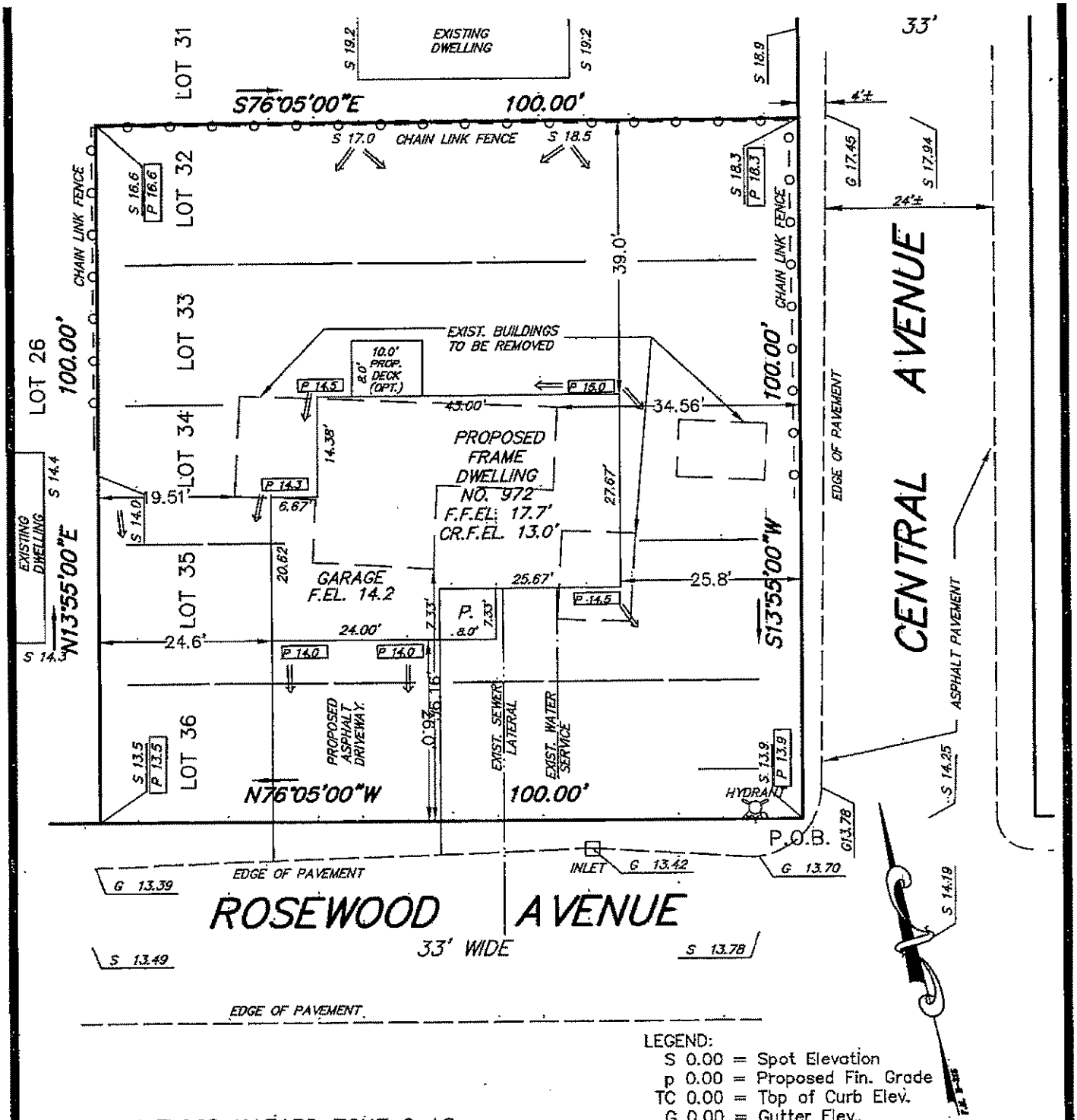
FIRST AMERICAN TITLE INSURANCE COMPANY
WILBERT, MONTENEGRO & THOMPSON, P.A.
AMBOY NATIONAL BANK

MORRIS & GLASGOW, INC.
LAND SURVEYING & PLANNING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732–899–0965
CERT. OF AUTHORIZATION NO. 24GA28024500

E. Elbert Morris, PLS 7/6/04

ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509



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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REVISED 8/06/04 - CORRECT DWELLING SIZE
REVISED 7/30/04 - ADD PROPOSED DECK
REVISED 7/26/04 - ADD PROPOSED DWELLING & GRADES

SURVEY OF PROPERTY
LOTS 32,33,34,35 & 36 BLOCK 20
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BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY
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MORRIS & GLASGOW, INC.
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732-899-0965
CERT. OF AUTHORIZATION NO. 24GA28024500

Elbert Morris PLS 7/6/04

ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509

LOT _____ DATE RECEIVED _____

PROPERTY ADDRESS 972 ROSEWOOD AVE

APPLICANT KRISTI-SHAY CONSTRUCTION PHONE 477-4665

ADDRESS 63 CHANNEL DR BRICK, NJ 08723

CONTRACTOR Kristi Shay Construction PHONE 732-477-4665

ADDRESS 63 Channel Dr Brick NJ 08723

TYPE OF WORK EXTENDING PORCH ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEVATION _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES _____ NO _____

		YES	NO	N/A
1.	PLAN SIGNED & SEALED			
2	SCALE OF NOT LESS THAN 1"-50"			
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)			
4.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES			
5	STREET GUTTER, CURB & CENTER LINE ELEVATIONS			
6.	CONTOURS 1' INCREMENTS			
7.	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS			
8.	PROPOSED GRADING/ELEVATIONS			
9.	GARAGE/ST FLOOR/CRAWL SPACE/BASEMENT ELEVATIONS			
10.	PROPOSED DWELLING, DIMENSIONS & CORNER ELEVATIONS			
11.	METHOD OF DRAINAGE			
12.	NORTH ARROW			
13.	DRIVEWAY WIDTH/TYOE			
14.	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES			
15.	PROPERTY ADDRESS/LOT AND BLOCK NUMBER			
16.	SIDEWALK, CURB AND APRONS			
17.	PARKING AREAS			
18.	UTILITY AND CONNECTIONS; WATER/SEWER/GAS/ELECTRIC			
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS			
20.	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH			
21.	LIMITS OF CLEARING			
22.	BASEMENTS/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS			
23.	PRIOR APPR: ARMY CORP/NJDEP/SOIL EROSION, ETC.			
24.	EXISTING STRUCTURES			
25.	RETAINING WALLS/SERVICE WALKS, OTHER MISC. ITEMS			

PLOT PLAN REVIEW:

APPROVED X REJECTED _____ SIGNED _____ DATE 10/22/04

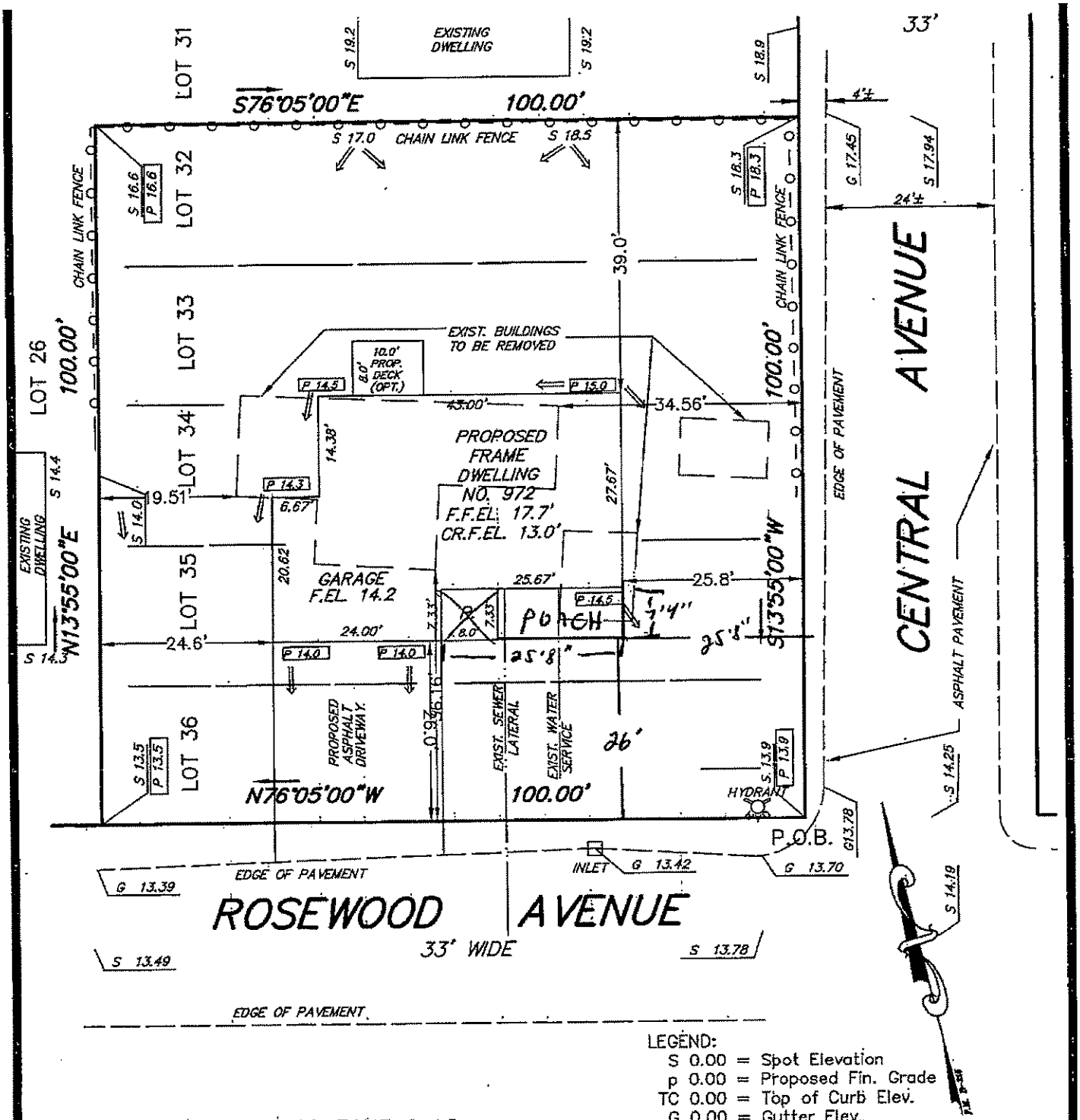
REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: _____

IMPORTANT

ADT



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

P.Q. IS IN FLOOD HAZARD ZONE C AS PER F.I.R.M. #345285-0004
LOT AREA = 10,000 SQ.FT.
ALSO KNOWN AS LOT 32 BLOCK 527 ON THE BRICK TOWNSHIP TAX MAP.

REVISED 8/06/04 - CORRECT DWELLING SIZE
REVISED 7/30/04 - ADD PROPOSED DECK
REVISED 7/26/04 - ADD PROPOSED DWELLING & GRADES

SURVEY OF PROPERTY
LOTS 32,33,34,35 & 36 BLOCK 20
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:
KRISTI SHAY CONSTRUCTION, INC.
MID-STATE ABSTRACT COMPANY/
FIRST AMERICAN TITLE INSURANCE COMPANY
WILBERT, MONTENEGRO & THOMPSON, P.A.

MORRIS & GLASGOW, INC.
LAND SURVEYING & PLANNING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732-899-0965
CERT. OF AUTHORIZATION NO. 24GA28024500

Elbert Morris PLS 7/6/04

ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509

10/18/04

Site Location: 972 ROSEWOOD AVE
Block: 527 Lot: 32
Owner's Name: KRISTI-SHAY CONSTRUCTION
Owner's Mailing Address: 63 CHANNEL DR
BRICK NJ 08723
Phone: (732) 477-4665

BUILDING

Contractor: KRISTI-SHAY CONSTRUCTION
Address: 63 CHANNEL DR
BRICK NJ 08723
Phone#: 732 477-4665
Lis # [redacted]
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

EXTEND FRONT PORCH TO END OF HOUSE ON RIGHT SIDE

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
X Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft
___ Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $ 2,000-00

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $ 2,000.00

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

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Sprinkler System	
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

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

Contractor: Bode Mech
Address: 314 Hayes Ave
Bayville, N.J. 08721
Phone #: 732-237-3200
Lis #: [redacted]
Federal Emp # or SSN [redacted]

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping 1 No. of outlets	2
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work 1,000.00

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

Signature: [signature]

Please Print Name: Mark S Bode

CONTRACTOR'S SEAL

Contractor: Rossi-Shay Construction
Address: 63 Channa Dr
Ariel NJ 08723
Phone #: 732 477-4665
Lis #: [redacted]
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Heating Type: / Gas ___ Oil ___ Electric ___ Solar
Heating System is ___ New ___ Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Tank Removal
Flammable Storage Tanks ___ capacity ___ fuel
Combustible Storage Tanks ___ capacity ___ fuel
LPG Storage Tanks ___ capacity ___ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
CO Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System Commercial	

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

Gas/ Oil Fired Appliances:

Gas Stove	
Gas Dryer	
Furnace (Gas or Oil)	
Gas Fireplace	2
Gas Logs	
Total Appliances	2
Wood Burning Stove	
Wood Fireplace	

Other:

Estimated Cost of Fire Work 300.00

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

Certificate of Participation

Walk-in

In the New Home Warranty Security Fund

Community Affairs

Owner ☐ Check if for Common Elements*

1 Joseph & Michelle Amatulli

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 Construction Inc

Name

63 Channel Drive

Street and Number (Mailing Address)

Brick NJ 08723

City State Zip Code

Phone Number (732) 477-4665

NJ Builder Registration Number [redacted]

Print Builder Name Samuel Reynolds

Registered Builder's Signature

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

New Dwelling Location

3 972 Rosewood Avenue

Street Name and Number

Building Number Unit Number Total Number of Units in Building

Brick NJ 08723

City Zip Code

527 32

Block Number Lot Number

Brick Ocean

Municipality County 150/6

Commencement Date of Warranty

4 Commencement Date*** 11 12 04

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**** $ 349,900 00

Amount of Premium $ 892 00

(Rate .0255 x 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 x Total Contract Price x Rate _____)

FHA Mortgage

6 ☐ Check if FHA Mortgage

FHA Case Number ☐☐☐-☐☐☐☐☐☐

☐ 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 2

Owner Type (check one)

11 ☐ Condominium or Cooperative (C)

☐ Homeowners' Association - fee simple (H)

☑ No Homeowners' Association - fee simple (N)

PRED

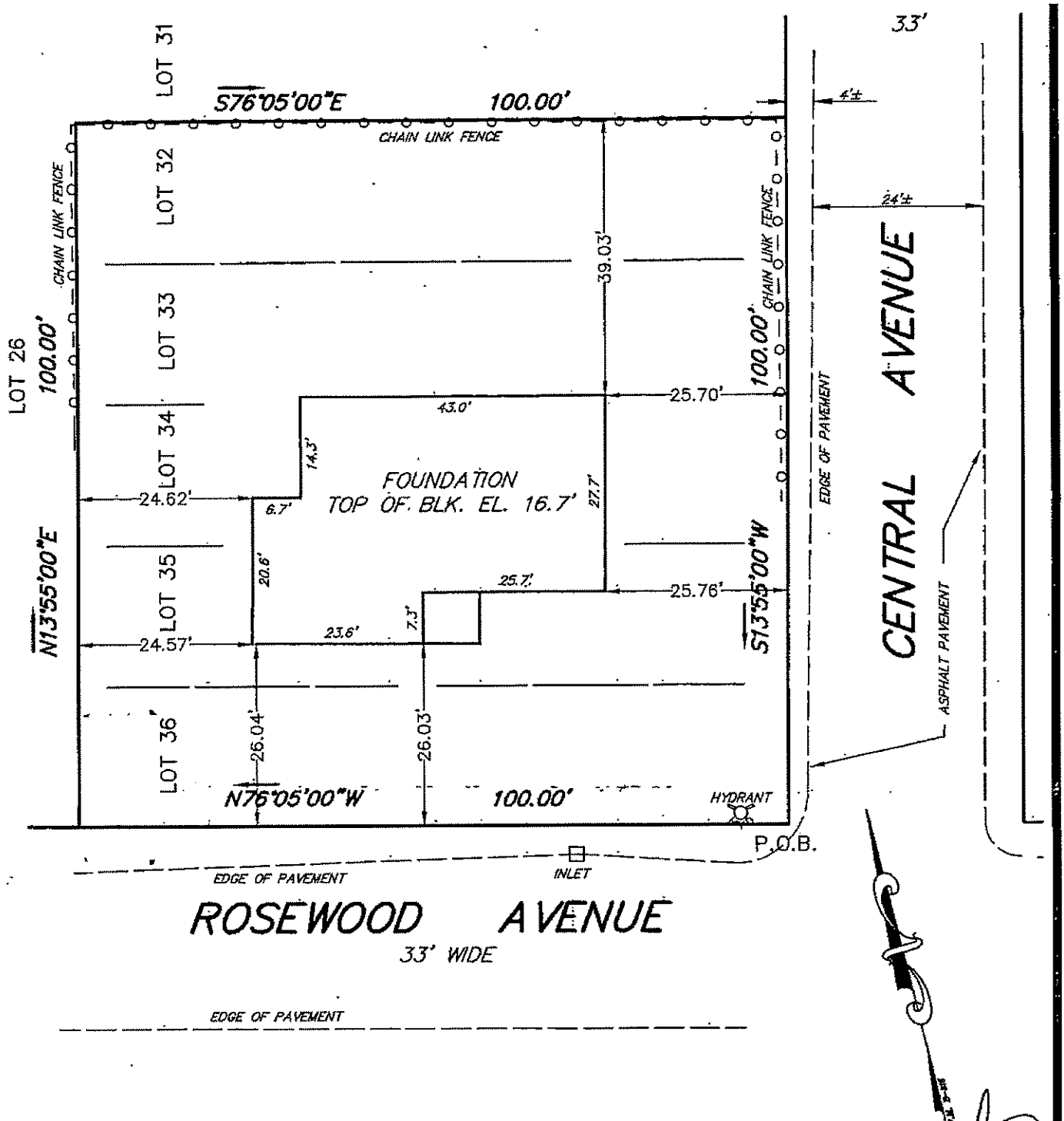
12 PRED Registration or Exemption Number (R or E)

_____

Note: See reverse side for assignment of property.

Note to Owner:

VALIDATION STAMP



P.Q. IS IN FLOOD HAZARD ZONE C AS
PER F.I.R.M. #345285-0004
LOT AREA = 10,000 SQ.FT.
ALSO KNOWN AS LOT 32 BLOCK 527
ON THE BRICK TOWNSHIP TAX MAP.

REVISED 9/03/04 – FOUNDATION LOCATION
REVISED 8/06/04 – CORRECT DWELLING SIZE
REVISED 7/30/04 – ADD PROPOSED DECK
REVISED 7/26/04 – ADD PROPOSED DWELLING & GRADES

SURVEY OF PROPERTY
LOTS 32,33,34,35 & 36 BLOCK 20
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:
KRISTI SHAY CONSTRUCTION, INC.
MID-STATE ABSTRACT COMPANY/
FIRST AMERICAN TITLE INSURANCE COMPANY
WILBERT, MONTENEGRO & THOMPSON, P.A.
AMBOY NATIONAL BANK

MORRIS & GLASGOW, INC.
LAND SURVEYING & PLANNING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732-899-0965
CERT. OF AUTHORIZATION NO. 24GA28024500

Elbert Morris PLS 7/6/04

ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509

Update 06-0668 +A

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block [redacted]527 Lot 32-36 Qualification Code

Work Site Location 972 Rosewood Ave
BRICK

Owner in Fee Anatuli

Address 972 Rosewood RD
BRICK

Tel ([redacted])

Contractor Michael Battaglio Electric

Address 555 Clifton Ave
Toms River NJ

Tel (___) 732-244-3052 FAX (___) 732-286-3055

Contractor License No. [redacted]

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ✓

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 825

C. CERTIFICATION (Under Oath)

I hereby certify that I am the [illegible] owner of record and am authorized to make this application and [illegible] the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [illegible] [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
1		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	
		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 $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5/10/06

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ____

Approved by: ____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough BMS	5-16-06		6206	
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 ____

U.C.C. F120 (rev. 07/03)

19

5-16-06 SEE 06-0668 ALL INSPECTIONS

SWITCH OUT NOT JUMPED OUT.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 03-14-06
Control #

Date Issued
Permit # 06-0668

Jackson

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

Block 527 Lot 32.36 Qualification Code

Work Site Location 972 Rosewood AVE
BRICK NJ

Owner in Fee Joe Amatuli

Address 972 Rosewood AVE
BRICK NJ

Tel [redacted]

Contractor Michael Pattavina Electric

Address 555 Clifton Ave
Toms River NJ

Tel (732 244-3052 FAX (732 286-3055

Contractor License No. [redacted]

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 850

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.

Dennis Brooks

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)
1		Lighting Fixtures	
1		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
1		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	
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 3/06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Dates (Month/Day) 4-21-06 5-4-06

Type:	Failure	Failure	Approval	Initial
Rough	4-21-06			TO
Barrier-Free				
Trench			4-7-06	TO
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

OUCH

U.C.C. F120 (rev. 07/03)

4-21-06 UPDATE PERMIT NO POOL LISTED — BOND NOT COMPLETE

4-1-06
1) TRENCH PASSED
2) BOND NOT COMPLETE
3) LADDER CUPS INSTALLED WITH OUT LUGS, ALL LADDER CUPS
4) WHIPS WITH OUT LADDER CUPS ON.
5) 2 WIRES UNDER 1 POOL LUG
HOUSE ~~[illegible]~~ GARAGE BREAKER PASSED

5-4-06 SWIM OUT NOT JUMPED OUT.

5-9-06 POOL BACK FILLED CAN NOT SEE BOND AROUND SWIM OUT.

5-16-06 SWIM OUT NOT JUMPED OUT.
SEE 06-0668+A

5-31-06 NO VISIBLE WIRE TO FILTER
GFI - NOW GFI WIRES - SAME RACEWAY.
CONTRACTOR TO CHANGE TO GRACELESS GFI

PERMIT UPDATE

Date Update Issued 5/11/2006
Control # C-05-101646
Permit # 06-0668+A

IDENTIFICATION Block: 527 Lot: 32 Qualifier
Work Site Location: 972 ROSEWOOD AVE. Brick Township, NJ
Owner in Fee AMATULLI, JOSEPH & MICHELLE
Address 972 ROSEWOOD AVE BRICK NJ 08723
Telephone:

Contractor TIFFANI POOLS
Address 2920 YORKTOWNE BLVD BRICK NJ 08723
Telephone: 732-279-0674
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. [redacted]

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:
ELECTRICAL ALTERATIONS 16X36 IN SIZE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $50

Construction Official — 5/11/2006 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$50
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$50
Check No.	999
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

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.

☐ 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.

Update 06-0668 +A

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit #

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

Block [redacted]527 Lot 32-36 Qualification Code _____

Work Site Location 972 Rosewood Ave
Brick

Owner In Fee Anatoli

Address 972 Rosewood
Brick

Tel ([redacted]) [redacted]

Contractor Michael Battaglio Electric

Address 555 Clifton Ave
Toms River NJ

Tel (_____) 732 244-3052 FAX (_____) 732 286-3053

Contractor License No. [redacted]

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 825

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$ _____
1		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	
		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 $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date: 5/10/06
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
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 _____

U.C.C. F120 (rev. 07/03)

Update 06-0668 +A

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit #

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

Block [redacted]527 Lot 32-36 Qualification Code ____

Work Site Location 972 Rosewood Ave

Owner in Fee Avice Aiuteli

Address 972 Rosewood Ave

Tel ([redacted]

Contractor Michael Battaglia Electric

Address 553 Clifton Ave

Toms River NJ

Tel (____) 732 244 3252 FAX (____) 732 286-7035

Contractor License No. [redacted]

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 825

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		____	
		TOTAL NUMBERS	$ ____
1		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	
		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 $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5/11

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ____

Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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 ____

U.C.C. F120 (rev. 07/03)

Township of Brick
Zoning Permit

Approved: Tuesday, February 07, 2006 **Number:** 112

Block 527 **Lot** 32 **Zone:** R-7.5

Property Address: 972 Rosewood Avenue

Applicant: Joe Romeo, Tiffani Pools and Spas

Property Owner: Joe Amatuli

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: In-ground swimming pool 16' x 36'.

Conditions: The swimming pool must be set back at least 5 feet from the side and rear property lines and 25 feet from the front property lines. An additional zoning permit is required for a fence.

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
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

FEB 7 2006

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

BLOCK 527 LOT 32-36 QUALIFIER _____

PROPERTY ADDRESS 972 Rosewood AVE

PERSONAL NAME OF APPLICANT Joe Ramos

BUSINESS NAME OF APPLICANT Tiffani Pools & SPAS LLC

MAILING ADDRESS OF APPLICANT 2920 Yorkstown BLVD Brick, Nj 08723

PROPERTY OWNER'S FULL NAME Joe Amatuli

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) _____

Fence will be there & we will update.

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 _____ Date 1/16/05

Reviewed by Zoning Office _____ Date 2/7/06 ☑ Approved ( ) Denied

BLOCK 527 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) 976 Rosewood Ave PERMIT NO. 04-2454

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 976 Rosewood Ave
2. Name of Owner in Fee: Kathleen Cala Tel. ( ) _____
   Address 976 Rosewood Ave, Brick NJ 08723
   (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Dickson Electric Inc Tel. (732) 920-6441
   Address 2597 Old Hooper Ave, Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date 3/31/06
   Federal Employee No. [redacted] FAX: (732) 920-2944
5. ~~Architect or Engineer~~ Tel: ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Dickson Electric Inc.
   Tel. (732) 920-6441 FAX: (732) 920-2944

Elec.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		69	40 ✓
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			3
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy		3	
12. Other		12	43
13. TOTAL	$		

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK — **OPTIONAL** (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical					6/10/04	MM	7/15/04		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2,183								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 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 Dickson Electric Inc.

Address 2597 Old Hooper Ave
Brick NJ 08723

Telephone (732) 920-896411

Signature James Dickson

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 07/20/2004
Control #
Permit # 04-2454+A
Permit Issued 06/16/2004

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 527 Lot 29 Qual

Work Site Location 976 ROSEWOOD AVE
REPLACE ELEC BASEBOARD
Owner in Fee CALA, KATHLEEN
Address SAME
BRICK, NJ
Telephone [redacted]

Contractor DICKSON ELECTRIC
Address 2597 HOOPER AVE
BRICK, NJ 08723-6830
Telephone (732)920-6856
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REPLACE 6 EXISTING BASEBOARD HEATERS

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	0
Other	
Total	48
Check No.	16354
Cash	
Collected By	NJR

07/20/04 1:27PM 001558#1209
XX02 SERV.002

#2454	
ELECTRIC	$40.00
DCA	$3.00
CHECK	$43.00

Estimated Cost of Work $ 2,183

D. Newman

Construction Official

07/20/2004
Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/16/2004
Control #
Permit # 04-2454

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 527 Lot 23 Qual

Work Site Location 976 ROSEWOOD AVE
ELECTRICAL
Owner in Fee CALA, KATHLEEN
Address SAME
BRICK, NJ
Telephone [redacted]

Contractor DICKSON ELECTRIC
Address 347 DRUM POINT RD
BRICK, NJ 08723-6838
Telephone (732)920-6441
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
ELECTRIC

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

Estimated Cost of Work $ 2,183

D. Heuman
Construction Official

06/16/2004
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	69
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	0
Other	
Total	72
Check No.	999
Cash	
Collected By	MJR

06/16/04 1:20PM 001558N0296
XX02 SERV.002
#2454
ELECTRIC $69.00
DCA $3.00
CHECK $72.00

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

C3 NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2004
Date Issued 06/16/2004
Control #
Permit # 04-2454

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

Block 527 Lot 23 Qual
Work Site Location 976 ROSEWOOD AVE
ELECTRICAL
Owner in Fee CALA, KATHLEEN
Address SAME
BRICK, NJ
Tele. [redacted]
Contractor DICKSON ELECTRIC
Address 347 DRUM POINT RD
BRICK, NJ 08723-6838
Tele. (732)920-6441
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,183

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/16/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7-6-04
Approved By:
Acting Sch Code

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other Mech			6-22-04	TO
Service				
Final	6-22-04		7-6-04	TO

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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
1		Storable Pool/Spa/Hot Tub	10
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
1	8	Baseboard Heat	10
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other FREEZER LINE	9
		Other	0

UPDATES

over

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 69
	DCA State Permit Fee	$ 3

U.C.C. F120 (rev. 3/96)

NJ UCC-ARS5:24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/16/2004
Date Issued ~~01/01/1954~~
Control #
Permit # 04-2454+A 7-20-04

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

Block 527 Lot 23 Qual
Work Site Location 976 ROSEWOOD AVE
REPLACE ELEC BASEBOARD
Owner in Fee CALA, KATHLEEN
Address SAME
BRICK, NJ
Tele. [redacted]
Contractor DICKSON ELECTRIC
Address 2597 HOOPER AVE
BRICK, NJ 08723-6838
Tele.(732)920-6856
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,183

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7-20-04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-23-10
Approved By: JS

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			8-20-10	DP

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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
6	1	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

OVER

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	40
DCA State Permit Fee	$	3

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

NJ UCCARS5:24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/16/2004
Date Issued ~~01/01/1954~~ 7-20-04
Control #
Permit # 04-2454+A ✓

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

Block 527 Lot 23 Qual
Work Site Location 976 ROSEWOOD AVE
REPLACE ELEC BASEBOARD
Owner in Fee CALA, KATHLEEN
Address SAME
BRICK, NJ
Tele. [redacted]
Contractor DICKSON ELECTRIC
Address 2597 HOOPER AVE.
BRICK, NJ 08723-6838
Tele.(732)920-6856
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,183

JOB SUMMARY (Office Use Only):

PLAN REVIEW
~~X~~ No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7-20-04
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
6	1	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 3

U.C.C. F120 (rev. 3/96)

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/16/2004
Date Issued ~~01/01/1954~~ 7-20-04
Control #
Permit # 04-2454+A ✓

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

Block 527 Lot 23 Qual
Work Site Location 976 ROSEWOOD AVE
REPLACE ELEC BASEBOARD
Owner in Fee CALA, KATHLEEN
Address SAME
BRICK, NJ
Tele. [redacted]
Contractor DICKSON ELECTRIC
Address 2597 HOOPER AVE
BRICK, NJ 08723-6838
Tele.(732)920-6856
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,183

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7/20/04
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const 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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
6	1	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 40
DCA State Permit Fee $ 3

U.C.C. F120 (rev. 3/96)

Upgrade

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 976 Rosewood Ave
Block: 527 Lot: 23
Owner's Name: Kathleen Cala
Owner's Mailing Address: 976 Rosewood Ave
Brick NJ 08723
Phone: [redacted]

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft
___Fireplace wd/gas

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor: Dickson Electric
Address: 2597 Old Hooper Ave
Brick NJ, 08723
Phone#: 732-920-6441
Lis #: 8392
Federal Emp # or SSN 22-2707689

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	

Other: Replaced 6 existing baseboard heaters
Estimated Cost of Electrical Work:

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

Signature: James Dickson
Please Print Name James C. Dickson

CONTRACTOR'S SEAL

C3 NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2004
Date Issued 06/16/2004
Control #
Permit # 04-2454

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

Block 527 Lot 23 Qual
Work Site Location 976 ROSEWOOD AVE
ELECTRICAL
Owner in Fee CALA, KATHLEEN
Address SAME
BRICK, NJ
Tele. [redacted]
Contractor DICKSON ELECTRIC
Address 347 DRUM POINT RD
BRICK, NJ 08723-6838
Tele.(732)920-6441
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,193

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/16/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CEO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCD				
Other				
Service				
Final				

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
8		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
1		Storable Pool/Spa/Hot Tub	10
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
1	8	Baseboard Heat	10
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other FREEZER LINE	9
		Other	0

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
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	69
DCA State Permit Fee	$	3

U.C.C. F120 (rev. 3/96)

C8 MS UCCAR55.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2004
Date Issued 06/16/2004
Control #
Permit # 04-2454

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

Block 527 Lot 23 Qual
Work Site Location 976 ROSEWOOD AVE
ELECTRICAL
Owner in Fee CALA, KATHLEEN
Address SAME
BRICK, NJ
Tele. [redacted]
Contractor DICKSON ELECTRIC
Address 347 DRUM POINT RD
BRICK, NJ 08723-6639
Tele. (732)920-4441
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,183

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/16/04
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
5		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
1		Storable Pool/Spa/Hot Tub	10
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
1	2	Baseboard Heat	10
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other FREEZER LINE	9
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 69
	DCA State Permit Fee	$ 3

U.C.C. F120 (rev. 3/96)

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 976 Rosewood Ave
Block: 527 Lot: 23
Owner's Name: Kathleen Cala
Owner's Mailing Address: 976 Rosewood Ave
Brick NJ 08723
Phone: [redacted]

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft
___Fireplace wd/gas

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $
Cost of New Building: $
Cost of Site Work $
Total Cost of New Building Work: $

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

Signature:
Please Print Name

ELECTRICAL

Contractor: Dickson Electric
Address: 2597 Old Hooper Ave
Brick NJ, 08723
Phone#: 732-920-6441
Lis #: 8392
Federal Emp # or SSN 22-2707689

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	WH
Switches	1
Detectors	
Light Poles	
Motors w/ Fract. HP	1
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	1
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit - Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	Replacing 7 existing; 8.5 KW total
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	

10-Year old existing above-ground - rewire

Other: Freezer, direct line (1) 9
Paddle fan ~~(1)~~ (1)
Estimated Cost of Electrical Work: 2,183.60

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

Signature: James Dickson
Please Print Name James C. Dickson

CONTRACTOR'S SEAL

BLOCK 527 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) 976 Rosewood Avenue PERMIT NO. 07-1618

CONSTRUCTION PERMIT APPLICATION (07-102553)

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

I. IDENTIFICATION

1. Proposed Work Site at: 976 Rosewood Avenue
2. Name of Owner in Fee: KATHLEEN CALA
   Tel. ([redacted]) e-mail [redacted]
   Address 976 Rosewood Avenue (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: YES Contractors Tel. (732) 774-7813
   Address 4000 Atlantic Avenue-Wall e-mail _____
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date 12-31-07
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (732) 229-0624
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 15		
2. Electrical	30 ✓		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZA	30		
13. TOTAL	$ 165		

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

IIa. PROPOSED WORK Above Ground Pool

- ☐ 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		SC	5/25/07						
☒ Electrical					6/07	MR			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Exc	6/1/07		6/1/07				
TOTAL COSTS	345								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____ / _____
   After Construction _____ / _____
   Net Gain or Loss _____ / _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

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

called 6/8/07 MR

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.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 5-25-2007

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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.									
☐									
☐									

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

ANY BUILDING QUESTIONS
CALL 732-262-1027

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06-08-07
Control #
Date Issued
Permit # 07-168

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

Block 5201 Lot 23 Qualification Code
Work Site Location 976 Elmwood Avenue
Block, NJ 08723
Owner in Fee KATHLEEN CALA
Address 976 Elmwood Avenue
Block, NJ 08723
Tel ([redacted]
Contractor YES CONTRACTORS
Address 4000 ATLANTIC AVENUE
WALL, NJ 07727
Tel (732) 774-7873 FAX (732) 449-2367
Contractor License No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed
[✓] Pole/Pad # JC233784 [ ] Temporary [ ] Other
Building Occupied as Single Family Utility Co.
Est. Cost of Elec. Work $ 0

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS EXISTING	$
		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	
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date 6 6 07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-23-10
Approved by: OS

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			8 2010	OS
Final				
Barrier-Free				

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06-0807
Control #

Date Issued 07-1618
Permit #

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

Block 587 Lot 23 Qualification Code

Work Site Location 976 Rosewood Avenue
Brick, NJ 08723

Owner in Fee KATHLEEN CALA

Address 976 Rosewood Avenue
Brick, NJ 08723

Tel ([redacted])

Contractor YES CONTRACTORS

Address 4000 ATLANTIC AVENUE
WALL, NJ 07727

Tel (732) 774-2873 FAX (732) 449-2367

Contractor License No. [redacted]

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed

[✓] Pole/Pad # JC233708 [ ] Temporary [ ] Other

Building Occupied as SINGLE FAMILY Utility Co.

Est. Cost of Elec. Work $ 0

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.

Kathleen Cala
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors---Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS EXISTING	$
1		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	
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[X] No Plans Required

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

Date 6 6 07
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 8-23-10
Approved by: OS

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			8 23 10	OD
Final				
Barrier-Free				

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06-08-07
Control #

Date Issued
Permit # 07-168

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

Block 521 Lot 23 Qualification Code

Work Site Location 976 Haywood Avenue
Bloch, NJ 08723

Owner in Fee KATHLEEN CACH

Address 976 Haywood Avenue
Bloch, NJ 08723

Tel ([redacted]

Contractor YES CONTRACTORS

Address 4000 ATLANTIC AVENUE
WALL, NJ 07727

Tel (732) 774-1873 FAX (732) 449-2367

Contractor License No. [redacted]

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed

[✓] Pole/Pad # JC233784 [ ] Temporary [ ] Other

Building Occupied as SINGLE FAMILY Utility Co.

Est. Cost of Elec. Work $ 0

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS EXISTING	$
		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	
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 6-6-07

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 8-23-10

Approved by: OS

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			8-23-10	OS
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 06-08-07
Control # 07-1618
Date Issued
Permit # ✓

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

Block 521 Lot 28.01 Qualification Code
Work Site Location 976 Atlantic Avenue
Brick NJ 08723
Owner In Fee Kathleen Cala
Address 976 Atlantic Avenue
Brick NJ 08723
Tel. ([redacted])
Contractor Y&B Contractors
Address 4000 Atlantic Avenue
Wall NJ 07727
Tel. (732) 774-7873 FAX (732) 449-2267
Contractor License No. or Builder Registration No. [redacted]
Federal Emp. No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature Kathleen Cala

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Above Ground Pool

Any Access To Pool Must Meet Code

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	6-6-07	KM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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. $ 5455
2. Rehabilitation $
3. Total (1+ 2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 06-08-07

Date Issued Permit # 07-1618

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

Block 527 Lot 26.07 Qualification Code

Work Site Location 976 Hacketts Avenue Brick, NJ 08723

Owner In Fee Kathleen Cala

Address 976 Hacketts Avenue Brick, NJ 08723

Tel. ([redacted])

Contractor YES Contractors

Address 4001 Atlantic Avenue Wall, NJ 07727

Tel. (732) 774-7813 FAX (732) 449-2367

Contractor License No. or Builder Registration No. [redacted]

Federal Emp. No [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	6-6-07	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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. Rehabilitation $ 5450
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature Kathleen Cala

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Above Ground Pool

Any Access To Pool Must Meet Code

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

CONSTRUCTION PERMIT

Date Issued 06/08/2007
Control # C-07-002553
Permit # 07-1618

IDENTIFICATION Block: 527 Lot: 23 Qualifier

Work Site Location: 976 ROSEWOOD AVE. Brick Township, NJ

Owner in Fee: CALA, KATHLEEN
Address: 976 ROSEWOOD AVE BRICK NJ 08723
Telephone: (732) 477-4010

Contractor: CALA, KATHLEEN
Address: 976 ROSEWOOD AVE BRICK NJ 08723
Telephone: (732) 477-4010
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
ABOVE GROUND SWIMMING POOL RESIDENTIAL

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $645

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$75
Electrical	$50
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$30
Total	$156
Check No.	4220
Cash	$0
Credit	$0
Collected By	Allison Peltier

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.

☐ 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.

BLOCK 527 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) 976 Rosewood Ave Brick PERMIT NO. 10.1957

CONSTRUCTION PERMIT APPLICATION

RECD JUL - 7 2010

C10-002430

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

I. IDENTIFICATION

1. Proposed Work Site at: 976 Rosewood Avenue Brick
2. Name of Owner in Fee: Kathleen Cala Tel. [redacted]
   Address _____ (street) _____ (municipality) _____ (zip code)
3. Ownership In Fee: Public _____ Private _____
4. Principal Contractor: A. Bailey Plumbing and Heating Corp.
   Address 919 Hwy. 33 Ste. 28 Freehold NJ 07728
   License No. OR, if new home, Builder Reg. No. Lic [redacted] Exp. Date _____
   Federal Employee No. Fed ID [redacted] Tel. [redacted]
5. Architect or Engineer _____
   Address _____
6. Responsible Person in Charge of Work Christopher Bailey
   Tel. (732) 462-4484 FAX (732) 462-5319

Tel. 732-462-4484

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 40 ✓		
2.	Electrical	100 ✓		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	2		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 102		

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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	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
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing					7-13-10	2			
7.	☐ Electrical					7-13-10	JS			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

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:

OCCUPANCY LOAD _____ USE GROUP _____

Plan Approval
Fire _____ Plbg. _____
Bldg. _____ Elec. _____

U.C.C. F100-1 (rev. 3/96)

24

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 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.

A. Bailey Plumbing and Heating Corp.
919 Hwy. 33 Ste. 28
Freehold NJ 07728
Tel. 732-462-4484
Lic. [redacted]
Fed ID [redacted]

Agent Name _____

Address _____

Telephone ( ) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/26/2010
Control Number C-10-002430
Permit Number 10-1957
Permit Issue Date 07/26/2010
Certificate Number 10-1957

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 976 ROSEWOOD AVE. Brick Township, NJ Block: 527 Lot: 23 Qual:

Owner in Fee: CALA, KATHLEEN

Owner Address: 976 ROSEWOOD AVE BRICK NJ 08723

Telephone: [redacted]

Contractor A BAILEY PLUMBING

Address 919 HWY 33 SUITE 28 FREEHOLD, NJ NJ 07728-

Telephone: (732) 462-4484 Fax: (732) 462-5319

License Number or Builders Registration Number: [redacted] Federal Emp. Number: [redacted]

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: REPLACEMENT WATER HEATER SUPPY AND INSTALL 40 GALLON ELECTRIC HWH

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: 08/26/2010 U.C.C. F260 (rev. 08/05)

Called 7/16/10

CONSTRUCTION PERMIT

Date Issued 10/1957
Control # C-10-002430
Permit # 07-26-10

IDENTIFICATION Block: 527 Lot: 23 Qualifier
Work Site Location: 976 ROSEWOOD AVE. Brick Township, NJ
Owner in Fee CALA, KATHLEEN
976 ROSEWOOD AVE BRICK NJ 08723
Telephone: [redacted]

Contractor A BAILEY PLUMBING
Address 919 HWY 33 SUITE 28 FREEHOLD, NJ NJ 07728-
Telephone: (732) 462-4484
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Employee. No. [redacted]

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:
REPLACEMENT WATER HEATER SUPPY AND INSTALL 40 GALLON ELECTRIC HWH

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 $1,000

Construction Official [signature] Date 7-15-10

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$40
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$102
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.

☐ 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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 07-26-10
Control #
Date Issued
Permit # 10957

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

Block 527 Lot 23 Qualification Code
Work Site Location 926 Rosewood Ave, Brick

Owner In Fee Kathleen Cala
Address same

Tel ( ) POWER FACTOR ELECTRIC
Contractor 744 PERRINEVILLE RD.
Address PERRINEVILLE, N.J. [redacted]
LIC.# [redacted] PH.# 609-448-3600
Tel ( ) FED. I.D. [redacted]
Contractor License No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

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

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.

John Connel
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		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	
1	5	KW Oven/Surface Unit	
		KW Elec. Water Heater electric	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required — Date 7-13-10 Initial JS

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

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-23-10
Approved by: JS

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final			8-20-10	DD
Barrier-Free				

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 07-26-10

Date Issued Permit # 10-1957

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

Block 527 Lot 23 Qualification Code

Work Site Location 926 Rosewood Avenue

Owner in Fee Kathleen Cala

Address same

Tel [redacted]

Contractor A. Bailey Plumbing and Heating Corp.

Address 919 Hwy. 33 Ste. 28 Freehold NJ 07728

Tel (732) 462 4484 FAX (732) 462 3314

Tel. 732-462-4484

Contractor License No. Lic. [redacted]

Federal Emp. No. Fed ID [redacted]

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 $ 900

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 7-13-10

Approved by: BO

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 8-24-10

Approved by: WCW

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			08-20-10 PA	

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
✓	Water Heater - 40 Gallon Elec	
	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	
	Other	
	Other	

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

U.C.C. F130 (rev1/04)

1 White = OFFICE COPY
2 Canary = APPLICANT COPY
3 Tag = INSPECTOR COPY

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 07-26-10
Control #
Date Issued
Permit # 10957

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

Block 1527 Lot 23 Qualification Code

Work Site Location 976 Rosewood Ave, Brick

Owner In Fee Kathleen Cala

Address same

Tel ( )

Contractor POWER FACTOR ELECTRIC

Address 744 PERRINEVILLE RD. PERRINEVILLE, N.J. 08535

Tel ( ) LIC.# [redacted] PH # 609-448-3600

Contractor License No. FED. I.D. [redacted]

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 10

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.

John Pannel

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		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	
1	5	KW Oven/Surface Unit	
		KW Elec. Water Heater	elect. C
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[✓] No Plans Required	7-13-10	JS

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

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7-26-10
Control #
Date Issued
Permit # 10795

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

Block 1527 Lot 23 Qualification Code
Work Site Location 976 Rosewood Ave, Brick
Owner in Fee Kathleen Cala
Address same

Tel ( ) POWER FACTOR ELECTRIC
Contractor 744 PERRINEVILLE RD.
Address PERRINEVILLE, N.J. 08535
LIC.# [redacted] PH.# 609-448-3600
Tel ( ) FED. I.D. [redacted]
Contractor License No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [X] [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 10

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.

John Pomel
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		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	
1	5	KW Oven/Surface Unit	
		KW Elec. Water Heater elect. c	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required 7-13-10 JS
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-26-10

Date Issued / Permit # 10/1957

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

Block 521 Lot 23 Qualification Code

Work Site Location 926 Rosewood Avenue

Owner in Fee Kathleen Cala

Address Same

Tel ([redacted]) [redacted]

Contractor A. Bailey Plumbing and Heating Corp.

Address 919 Hwy. 33 Ste. 28 Freehold NJ 07728

Tel (732) 462 4484 FAX (732) 462 5334

Contractor License No. Lic. [redacted]

Federal Emp. No. Fed ID [redacted]

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 $ 900

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 7-26-10

Approved by: [signature]

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.

[signature] 10/7/10

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
✓	Water Heater - 40 Gallon Elec.	
	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	
	Other	
	Other	

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

U.C.C. F130 (rev1/04)

1 White = OFFICE COPY
2 Canary = APPLICANT COPY
3 Tag = INSPECTOR COPY

PLAN REVIEW AND INSPECTION

DATE	JOB CONDITION/COMMENTS

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 527 Lot 23 Qualification Code

Work Site Location 976 Rosewood Ave, Brick

Owner in Fee Kathleen Cala

Address Same

Tel. ([redacted])

Contractor A. Bailey Plumbing and Heating Corp.

Address 919 Hwy. 33 Ste. 28 Freehold NJ 07728

Tel. ( ) Tel. 732-462-4484

Lic. No. or Bldrs. Reg. No. Lic [redacted]

Fed ID [redacted]

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] ELECTRICAL [ ] ELEVATOR DEVICES

[ ] PLUMBING [ ] FIRE PROTECTION [ ] ASBESTOS ABATEMENT (Subchapter 8 only)

[ ] LEAD HAZARD ABATEMENT [ ] DEMOLITION [ ] OTHER

DESCRIPTION OF WORK: Supply + Install 40 gal elec. HWH

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

Estimated Cost of Work $

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

OCS Printing (609) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 527 Lot 23

Work Site Location 976 Rosewood Ave, Brick

Owner in Fee Kathleen Cala

Address same

Tel. [redacted]

A. Bailey Plumbing and Heating Corp.

Qualification Code 919 Hwy. 33 Ste. 28 Freehold NJ 07728

Contractor

Address

Tel. 732-462-4484

Lic. [redacted]

Lic. No. or Bldrs. Reg. No. Fed ID [redacted]

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:

Supply + Install 40 gal elec. HWH

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

Estimated Cost of Work $

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

OCS Printing (609) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 527 Lot 13 Qualification Code

Work Site Location 476 E. Main Ave Zack

Owner in Fee Kathleen Cola

Address same

Tel. ([redacted])

Contractor A. Bailey Plumbing and Heating Corp.

Address 919 Hwy. 33 Ste. 28 Freehold NJ 07728

Tel. (732-462-4484)

Lic. No. or Bldrs. Reg. No. Lic. [redacted] Fed ID [redacted]

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:

supply - Install H/C water etc. HWH

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

Estimated Cost of Work $

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

OCS Printing (609) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 1 Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. (_____) _____

Contractor A. Bailey Plumbing and Heating Corp.

Address 919 Hwy. 33 Ste. 28 Freehold NJ 07728

Tel. (_____) Tel. 732-462-4484

Lic. No. or Bldrs. Reg. No. Lic. [redacted]

Fed ID [redacted]

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:

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

Estimated Cost of Work $ _____

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT
OCS Printing (609) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 527 Lot 23 Qualification Code

Work Site Location 976 Rosewood Ave, Brick

Owner in Fee: Kathleen Cala

Tel. ( ) e-mail

Address same
street municipality zip code

Contractor: A. Bailey Plumbing and Heating Corp.

Address 919 Hwy. 33 Ste. 28 Freehold NJ 07728
street municipality zip code

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. Tel. 732-462-4484

Fire Alarm Contractor No. Lic.

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

Type: [ ] Gas [ ] 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 [ ] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: supply & Install 40 gal elec HWH

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)		
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		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

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

Block 527 Lot 23 Qualification Code

Work Site Location 976 Rosewood Ave, Brick

Owner in Fee: Kathleen Cala

Tel. ([redacted]) [redacted] e-mail

Address same
street zip code

Contractor: A. Bailey Plumbing and Heating Corp.

Address 919 Hwy. 33 Ste. 28 Freehold NJ 07728

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):

Federal Emp. ID No. FAX: ( ) Tel. 732-462-4484

Lic. [redacted]

Fed ID [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Supply + Install 40 gal elec HWH

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)		
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		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

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				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

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

Block 521 Lot 23 Qualification Code

Work Site Location 716 Roxwood Ave. Brick

Owner in Fee: Kathleen Cala

Tel. ([redacted] e-mail

Address Same
street municipality zip code

Contractor: A. Bailey Plumbing and Heating Corp. Tel. ( )

Address 919 Hwy. 33 Ste. 28 e-mail
Freehold NJ 07728

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

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

Fire Alarm Contractor No.

Tel. 732-462-4484

Home Improvement Contractor Registration No. or Exemption Reason Lic. [redacted]

Federal Emp. ID No. FAX Fed ID [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

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

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

[ ] Other ____

Location: ____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: ____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* ____

Total Cost of Fire Protection Work $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: ____

Approved by: ____

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Supply & Install 40 gal HC HWH

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	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	1	
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 ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

CARBON MONOXIDE ALARMS

BLOCK 527 LOT 23 QUAL CODE _____

WORK SITE ADDRESS 976 Roosevelt Ave

CITY Brick

CERTIFYING INDIVIDUAL

NAME Alan Bailey Jr

ADDRESS _____

CITY _____

COMPANY

NAME: A. BAILEY PLUMBING AND HEATING

CITY: FREEHOLD

ZIP: 07728

PHONE: 732-468-4484

LEVELS IN DWELLING (1) 2 3

DWELLING IS A (1) OR 2 FAMILY (CIRCLE ONE)

TYPES OF ALARMS: HARD –WIRED (PLUG IN) BATTERY OPERATED

COUNT: (1)

LOCATION OF ALARMS: Hallway

BLOCK 527 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) 976 Rosewood Avenue PERMIT NO. 20-1795

CONSTRUCTION PERMIT APPLICATION C-20-002250

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

I. IDENTIFICATION

1. Proposed Work Site at: 976 Rosewood Avenue Brick Township, NJ 08723
2. Name of Owner in Fee: Kathleen Cala
   Tel. (732) 600-6818 e-mail permits@goldmedalservice.com
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc Tel. (732) 390-3725
   Address 11 Cotters Lane e-mail permits@goldmedalservi
   East Brunswick, NJ 08816
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (732) 390-3793
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Joseph Todaro
   Tel. (732) 390-3725 FAX: (732) 390-3793

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	150		
3. Plumbing	125		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 280		

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

HVAC

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	1,000								
☒ Plumbing	1,600								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$2,600								

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

RECEIVED JUL 07 2020

25

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.

(X) Check if contractor.

Agent Name Gold Medal Plumbing Heating Cooling Electric, Inc

Address 11 Cotters Lane

East Brunswick, NJ 08816

Telephone (732) 390-3725

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

CONSTRUCTION PERMIT

Date Issued 7/7/20
Control # C-20-002250
Permit # 20-1745

IDENTIFICATION Block: 527 Lot: 23 Qualifier
Work Site Location: 976 ROSEWOOD AVE. Brick Township, NJ
Owner in Fee CALA, KATHLEEN
976 ROSEWOOD AVE BRICK NJ 08723
Telephone: [redacted]

Contractor GOLD MEDAL PLUMBING HEATING/COOLING
Address 71 COTTERS LN EAST BRUNSWICK NJ 08816
Telephone: (732) 390-3725
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Employee. No. [redacted]

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:
REPLACEMENT A/C, SUBPANEL

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $2,600

Construction Official — Date 7/7/20

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$280
Check No.	10214
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
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.

☑ 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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 527 Lot 23 Qualification Code

Work Site Location 976 Rosewood Avenue Brick Township, NJ 08723

Owner in Fee: Kathleen Cala

Tel. [redacted] e-mail permits@goldmedalservice.com

Address SAME
street municipality zip code

Contractor: Gold Medal Service, LLC Tel. (732) 390-3725

Address 11 Cotters Lane e-mail permits@goldmedalservice.
East Brunswick, NJ 08816

Contractor License No. [redacted] Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] 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:	Dates (Month/Day) Failure	Failure	Approval	Initial
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 sign/Contractor sign and seal here:

Print name here: Joseph Todaro

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
EL wh + install 20A circuit for garage door opener

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	2	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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	
1	20	amp circuit	

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

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 527 Lot 23 Qualification Code _____

Work Site Location 976 Rosewood Avenue Brick Township, NJ 08723

Owner in Fee: Kathleen Cala

Tel. [redacted] e-mail permits@goldmedalservice.com

Address SAME

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc (street / municipality) Tel. (732) 390-3725 (zip code)

Address 11 Cotters Lane e-mail permits@goldmedalservice.

East Brunswick, NJ 08816

Contractor License No. [redacted] Exp. Date _____

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

Federal Emp. ID No. [redacted] FAX: (732) 390-3793

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer X Private Septic _____

Water Service Size _____ Public Water X Private Well _____

Est. Cost of Plumbing Work $ 1,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by: _____

[ ] Plumbing Plans Approved
Date:_____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				
Final				

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 sign/Contractor sign and seal here: _____

Print name here: Joseph Todaro

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
replace electric water heater

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	
1	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 _____	
___	Other _____	

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

U.C.C. F130 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Caller 12-12-94 BD

✓ BLOCK 527 LOT 23 ADDRESS (SITE) 976 Rosewood Avenue PERMIT NO. 3525-94

RECEIVED
DEC - 6 1994
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1 Proposed Work-site at: 976 Rosewood Avenue

2 Name of Owner in Fee: Kathleen Cala Tel. ([redacted])

Address 976 Rosewood Ave. (street) Brick (municipality), N.J. (zip code) 08723

3 Ownership in Fee: Public _____ Private _____

4 Principal Contractor: Robert Klaus Tel. (908) 920-3008

Address _____

License No OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp No _____ Social Security No. _____

5 Architect or Engineer _____ Tel. (____) _____

Address _____

X Responsible Person In Charge of Work _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 30		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$ 30 —		
7. Less 20% for State Plan Review	3 —		
8. Subtotal	$		
9. DCA Training Fee	1		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other ZPA	18.00		
13. TOTAL	$ 69 —		

VI. BUILDING/SITE CHARACTERISTICS

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

shed

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	☐ Asbestos Abatement	
10	☑ Demolition	—
	TOTAL COSTS	✓ $1,000.00

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	12/6/94		12/9/94	[illegible]			
		12/9/94		[illegible]	[illegible]			

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:

UCC Form 1 10M-A

LDS BR 10511378

2/2

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 Kathleen Cala Date 12-6-94

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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

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

IMPORTANT EXTENSION A.F.B.I.

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

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

X. CERTIFICATES ISSUED (office use only)

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

CONSTRUCTION PERMIT

Date Issued 12/13
Control # 1
Permit # 3525-9

NTIFICATION Block 527 Lot 23

k Site Location 97 E. Raritan Ave Contractor R. Klaus

Address

ier in Fee R. Klaus

ress 3525

Tele. ( ) BLOCK

Lic. No. or Bldrs. Reg. No. Exp. Date 527 #

. ( ) Federal Emp. No. LOT

or Social Security No. 23 #

breby granted permission to perform the following work:

BUILDING [ ] PLUMBING [ ] OTHER

ELECTRICAL [ ] FIRE PROTECTION

CRIPTION OF WORK:

Roof

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.

ated Cost of Work $ 1,700

CONSTRUCTION OFFICIAL

. Form F-170A

PAYMENTS (Office Use Only)

Building	50 PLAN RUN
Plumbing	D.C.A.
Electrical	C/O
Fire Protection	ZONING
Other 6.12 3	TOTAL
Other	CHECK
DCA Training Fee	CHANGE
Cert. of Occ.	25
Other 2.00 MV5	00168005
Total	75
Check No.	61
Cash	11 1156
Collected By:	JL

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/13/94
Date Issued
Control #
Permit # 3525-94

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

Block 527 Lot 23
Work Site Location 976 Rosewood Avenue
Brick, NJ 08723
Owner in Fee Kathleen Cala
Address 976 Rosewood Avenue
Brick, N.J. 08723
Tele. ( ) [redacted]
Contractor Robert Kraus
Address
Tele. (908) 920-3008
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature Kathleen Cala

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construction of new shed & destruction of previous Shedon said property. Shed built from a lumber kit & anchored at all corners & 2x4's & lag bolted to floor.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	12/9/94	R
[ ] 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 R.3 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
- [ ] 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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: Dec. 7, 1994 — 11/94 Z 0359

Block 527 **Lot** 23 **Zone** R-7.5

Property Address: 976 Rosewood Avenue

Owner: Kathleen Cole **(Phone):** [redacted]

Applicant: same **(Phone):** same

Use: Single-family dwelling

Proposed Construction (if any): Construct new shed and demolish old shed.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no 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.

Sean Kenney

Land Use Officer

IDENTIFICATION:

SITE: 976 ROSEWOOD AVE Block: 527 Lot: 23

OWNER: Kathleen Cala AGENT: Same

ADDRESS: 976 Rosewood Ave
Brick NJ 08723

ACTION:

OBTAIN A PERMIT FOR SHED
DATE OF NOTICE: 11/24/94 DATE OF INSPECTION: 11/15/94
COMPLIANCE DUE DATE: 12/28/94

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgates thereunder (N.J.A.C. 5:23-2.30 and 2.31)in that:

5:23-2.14—Construction Permits when required
(a) It shall be unlawful to construct, enlarge, alter or demolish a structure, or change the occupancy of a building or structure requiring greater strength, exitway or sanitary provisions, or to change to a different use group, or to install or alter any equipment for which provision is made or the installation of which is regulated by the regulations, without first filing an application with the construction official or the appropriate sub-code official where the construction involves only one trade or subcode, in writing and obtaining the required permit therefor.

You are hereby ordered to terminate the said violation(s) on or before No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

(x) Failure to comply with this Order will subject you to a penalty of $ 500 per day.

() You are hereby ordered to pay a penalty in the amount of $ for each violation for a total penalty of $. Each that any of the said violations remain outstanding after shall result in an additional penalty of $ per .

If you wish to contest the validity of the above actions, you may request a hearing before the Construction Board of Appeals of the Ocean County Construction Board of Appeals within 20 business days of the receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100.00 to be forwarded with your application to the Board of Appeals office at Building 2 Mott Place, Toms River, NJ 08753.

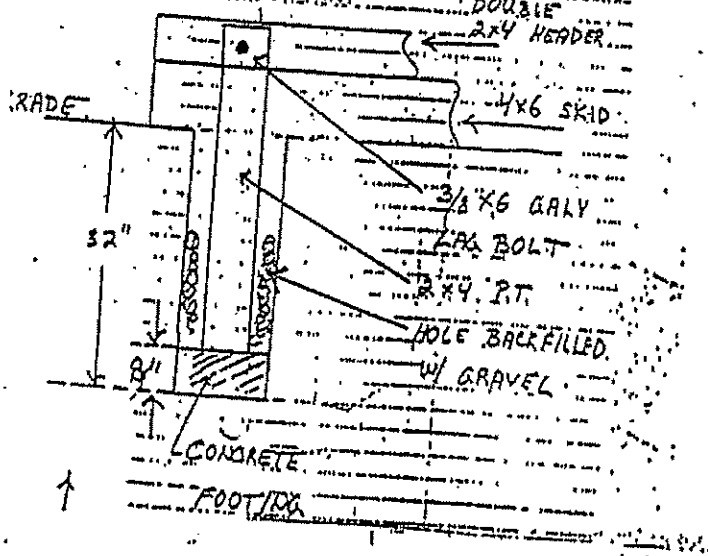
****

If you have any questions concerning this matter, please call:
908-477 3000 Division of Inspections Andy .

Notice of violation and order to terminate:
Ray Korkowski SCO.

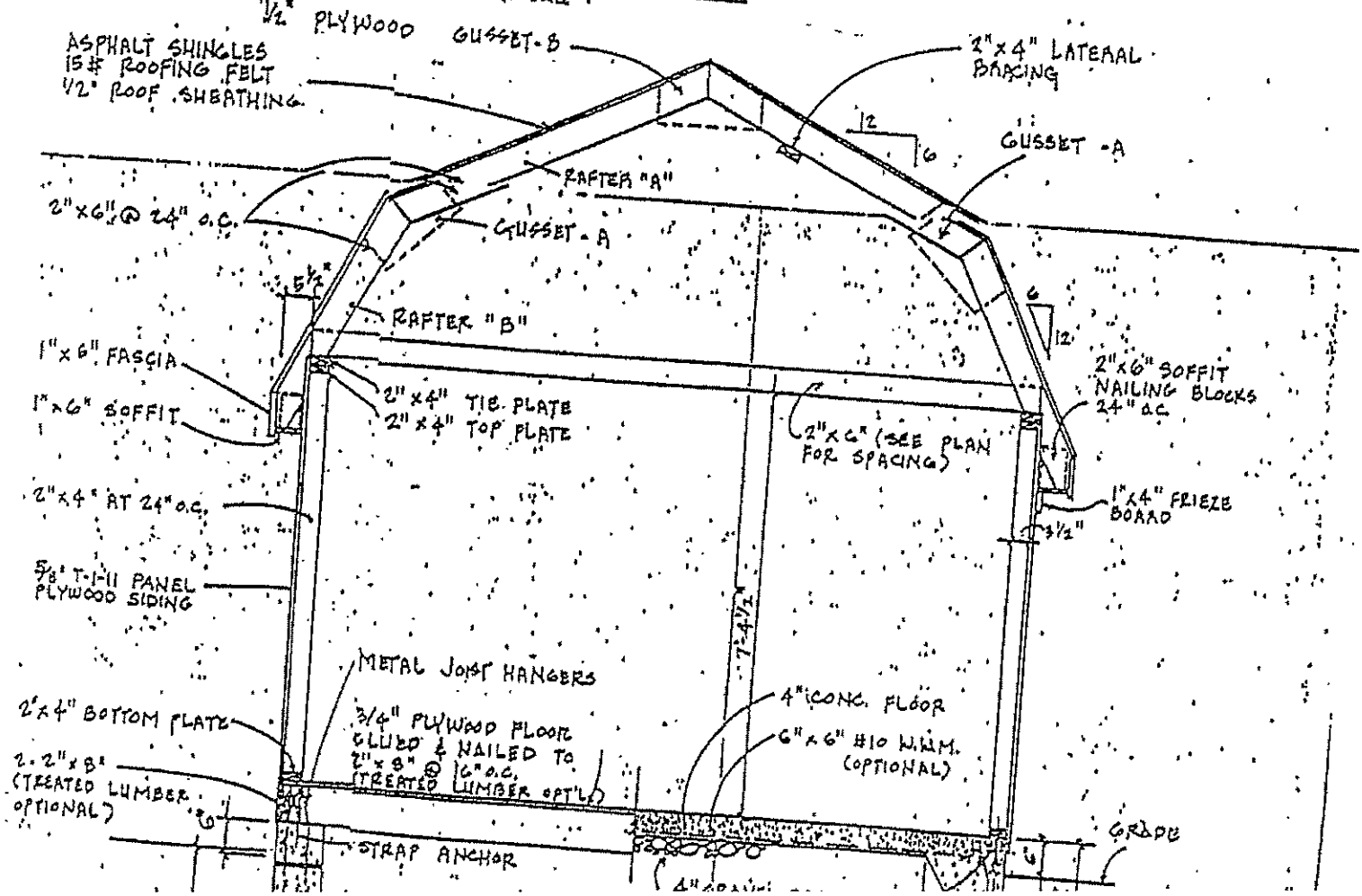
ANCHORING METHOD
(ALL 4 CORNERS)

SHED IS ANCHORED TO EARTH BY A VERTICAL P.T. 2x4, LAG BOLTED TO THE FLOOR FRAMING HEADER & BURRIED IN A HOLE 32" DEEP W/ AN 8" CONCRETE FOOTING.



SHED ISOMETRIC

No Scale



BLOCK 527 LOT 23 ADDRESS (SITE) 976 Rosewood Ave. PERMIT NO. 1258-97

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 976 Rosewood Ave. Brick
2. Name of Owner in Fee: Kathleen Cola Tel. ( ) [redacted]
   Address Same (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Reasonable Contracting Tel. ( ) 262-1988
   Address 66 London Rd. Brick
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. [redacted] Social Security No. ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Larry [illegible] Tel. ( ) 262-1988

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	85		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		2		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	87		

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. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no ____	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor work (single trade)	2,800.00
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	3,200.

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

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 10511379

U.C.C. Form F-100B

7

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

(X) Check if contractor.

Agent Name Reasonable Contracting

Address 88 London Rd.
Brick

Telephone ( ) 2[illegible] 1966

Signature _____ Date 5/15/97

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	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

CONSTRUCTION PERMIT

Date Issued 5/15/97
Control #
Permit # 1258-97

NTIFICATION Block 527 Lot 23

rk Site Location 976 Rosewood Ave Contractor Renzoni Contractors

Address 65 Gordon Rd

ner In Fee K Cuca

dress Same Tele. ( ) Fax #08048

Lic. No. or Bldrs. Reg. No. 1250

e. ( ) Federal Emp. No. [redacted] Exp. Date 327 W

or Social Security No. LOT

ereby granted permission to perform the following work: 23 W

[ ] BUILDING [ ] PLUMBING [ ] OTHER

ELECTRICAL [ ] FIRE PROTECTION

ELEVATOR DEVICES

SCRIPTION OF WORK:

Remove one 12 layer replace existing skylight

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.

nated Cost of Work $ 3200

C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	55 BUILDING
Plumbing	N.C.A.
Electrical	TOTAL
Fire Protection	CHECK
Other	CHANGE
Other 5/15/97 MD #	00170805
DCA Training Fee	2
Cert. of Occ.	
Other	
Total	57
Check No.	1254
Cash	
Collected By:	

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/15/97
Date Issued
Control #
Permit # 1258-97

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

Block 527 Lot 23
Work Site Location 976 Rosewood Ave. Brick
Owner in Fee Kathleen Cuta
Address Same
Tele. ( ) [redacted]
Contractor Reasonable Contracting
Address 58 London Rd. Brick
Tele. ( ) 262-1966
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted] or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Skylights (EXISTING)
Reroof over 1st layer

JOB SUMMARY (Office Use Only)

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame		EXISTING FRAMING	5/19/97	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] 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 _____
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. $ 3,200.00
2. Alteration $ _____
3. Total (1+2) $ 3,200.00

3,200.00

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