BLOCK 323 LOT 25.03 ADDRESS (SITE) 237 CIRCLE DRIVE, BRICK, NJ PERMIT NO. 2325-97

RECEIVED
JUL 08 1997

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 237 CIRCLE DRIVE, BRICK, NJ
2. Name of Owner in Fee: LOUIS V. & DEBORAH H. BUONO Tel. [redacted]
   Address 237 CIRCLE DRIVE (street) BRICK, NJ (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: HOMEOWNER (LOUIS BUONO JR) Tel. [redacted]
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer LOUIS BUONO JR Tel [redacted]
   Address _____
6. Responsible Person in Charge of Work LOUIS BUONO JR T[redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	295		
2. Electrical		165		
3. Plumbing		127		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	587		
7. Less 20% for ate Plan Review				
ubtotal	$			
CA Training Fee		19		
10. Subtotal	$	35		
11. Cert. of Occupancy				
12. Other 2 PAID		$20		
13. TOTAL	$	671		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1½	
2. Height of Structure	28 ft.	
3. Area—Largest Floor	1ST 1,900 S.F. sq. ft.	
New Building Area	1400 S.F. sq. ft.	
Volume of New Structure	28,800 S.F. cu. ft.	
Construction Classification	RESIDENTIAL	
Total Land Area Disturbed	1,700 S.F. sq. ft.	
Flood Hazard Zone	C	
Base Flood Elevation	ft.	
Wetlands yes / no	sq. ft.	
11. Max. Live Load		
12. Max. Occupancy Load		

ADDITION R-3 (+25%)

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	
5. ☒ Alteration	
6. ☒ Fire Protection	
7. ☒ Plumbing	
8. ☒ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	23,500 (EST)

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
WP	7/8/97		7-23-97	PM			
		7-23-97	8-5-97		ADD	+25%	
			8-6-97				
	7/15/97		7/15/97				

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO

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 ONE
After Construction ONE
Net gain or loss ZERO

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

LDS BR 10100930

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 Louis V. Romano Jr. Date JULY 4, 1997

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 Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Zoning Officer								
☐ Planning Board								
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dlg No.								
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE 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.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 05/16/2000
Control #
Permit #. 97-2325+A
Permit Issued 08/06/1997

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 323 Lot 25.03 Qual

Work Site Location 237 CIRCLE DR
REINSTATE EXPIRED PERMIT
Owner in Fee BUONO, LOUIS
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor B O N E G U N E
Address
Telephone
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REINSTATE EXPIRED PERMIT

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	35
Fire Protection	35
Elevator Devices	4
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	140
Check No.	4931
Cash	
Collected By	CS

Estimated Cost of Work $ 4

J Cummings / as
Construction Official

05/16/2000

U.C.C. F199 (rev. 3/96)

05/16/00 NO. 5

CHANGE	0.00
CHECK	140.00
TOTAL	140.00
FIRE	35.00
PLUMBING	35.00
ELETRIC*	35.00
BUILDING	35.00
LOT	0.00
BLOCK	0.00

0021A005 10:22

0008
972325*A
323 #
2503 #

CONSTRUCTION PERMIT

Date Issued 8-6-97
Control #
Permit # 2325-

ENTIFICATION Block 323 Lot 25.68

ork Site Location 287 Circle DR — Contractor Same
BRICK
wner in Fee Louis M. Buono — Address
ddress Same — Tele. ( )
[redacted] — Lic. No. or Bldrs. Reg. No. — Exp. Date
le. ( ) — Federal Emp. No.
or Social Security No.

hereby granted permission to perform the following work:

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

ESCRIPTION OF WORK:

addition 1400SF
11800 CF

PAYMENTS (Office Use Only)	
Building	295.-
Plumbing	165.-
Electrical	
Fire Protection	127.-
Other	
Other	
DCA Training Fee	19.-
Cert. of Occ.	90.-
Other ZP + FP	30.-
Total	671.-
Check No.	3777
Cash	
Collected By:	RCT

OTE: 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.

timated Cost of Work $ 28500.

CONSTRUCTION OFFICIAL

C.C. Form F-170C

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

REQUIRED INSPECTIONS

struction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18.
ncy will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conf
ne 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 inspec
ified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspec
be performed within three business days of the time for which they are requested. The work must not proceed in a ma
h 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
ny 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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-6-97
Date Issued
Control #
Permit # 2325-97

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

Block 323 Lot 25.03
Work Site Location 237 CIRCLE DRIVE BRICK, NJ 08723
Owner in Fee LOUIS V. BUONO JR.
Address 237 CIRCLE DRIVE BRICK NJ 08723
Tele. [redacted]
Contractor HOMEOWNER - LOUIS BUONO JR.
Address 237 CIRCLE DRIVE BRICK NJ 08723
Tele. [redacted]
Lic. [redacted]
Federal Emp. No. _____ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present RESIDENTIAL Proposed RESIDENTIAL
Constr. Class. Present RESIDENTIAL Proposed RESIDENTIAL
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: BASEMENT
Total Est. Cost of Fire Prot. Work $ 2500.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8-5-97
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				7/25 11:1 PM
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Louis V. Buono Jr. 7/4/97
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work ADDITION R-3 +25%
Water Supply Source ~~SUBMETER~~
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	N/A	
Dry Sprinkler Heads	N/A	
TOTAL		
Smoke Detectors AC/DC	9 ~~THREE~~	
Heat Detectors INTERNAL		
TOTAL	9	35
Stand Pipes	N/A	
Kitchen Hood Exhaust Systems	ONE	~~50~~
Pre-Engineered Systems	N/A	
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	TWO	92
OTHER		

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 127
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ ~~177~~

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/16/2000
Date Issued 05/16/2000
Control #
Permit # 97-2325+A

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

Block 323 Lot 25.03 Qual
Work Site Location 237 CIRCLE DR
REINSTATE EXPIRED PERMIT
Owner in Fee BUONO, LOUIS
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1

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
[ ] Fire Plans Approved
Date:
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				
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)	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 REINSTATE		35
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid (Y) Check # 4931	Minimum Fee	$ 0
Collected by: CS	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8-6-97
Date Issued
Control #
Permit # 2325-97

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

Block 323 Lot 25.03
Work Site Location 237 CIRCLE DRIVE BRICK, NJ 08723
Owner in Fee LOUIS V. BUONO JR
Address 237 CIRCLE DRIVE BRICK NJ 08723
Tel [redacted]
Contractor HOMEOWNER — LOUIS BUONO JR
Address 237 CIRCLE DRIVE BRICK NJ 08723
Tele. [redacted]
Lic. N
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present RESIDENTIAL Proposed RESIDENTIAL
Building Sewer Size 4" Public Sewer BTMUA Private Septic _____
Water Service Size 1" Public Water BTMUA Private Well _____
Estimated Cost of Plumbing Work $ #4000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8-6-97
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab N/A				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Louis V. Buono Jr. 7/4/97
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
	Urinal/Bidet	
2	Bath Tub	20
	Lavatory	
2	Shower	20
	Floor Drain	
3	Sink	30
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	10
3	Hose Bibb	30
1	Water Heater	35
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
YES	Sewer Connection	—
YES	Water Service Connection	—
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 165
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/16/2000
Date Issued 05/16/2000
Control #
Permit # 97-2325+A

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

Block 323 Lot 25.03 Qual
Work Site Location 237 CIRCLE DR
REINSTATE EXPIRED PERMIT
Owner in Fee BUONO, LOUIS
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/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
0	Gas Piping	0
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 REINSTATE	35
	Other	0

	Administrative Surcharge	$ 0
Paid [X] Check # 4931	Minimum Fee	$ 0
Collected by: CS	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-6-97
Date Issued
Control #
Permit # 2325-97

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

Block 323 Lot 25.03
Work Site Location 237 CIRCLE DRIVE BRICK NJ 08723
Owner in Fee LOUIS V. BUONO JR
Address 237 CIRCLE DRIVE BRICK NJ 08723
Tele. [redacted]
Contractor HOMEOWNER - LOUIS BUONO JR
Address 237 CIRCLE DRIVE BRICK NJ 08723
Tele [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	7-25-97	EMC
[ ] 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			10/2	
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present RESIDENTIAL Proposed RESIDENTIAL
Constr. Class Present RESIDENTIAL Proposed RESIDENTIAL
No. of Stories 1 1/2
Height of Structure 28 FT. Ft.
Area—Largest Floor 1ST 1,900 S.F. Sq. Ft.
New Bldg. Area/All Floors 1400 S.F. Sq. Ft.
Volume of New Structure 28,800 C.F. Cu. Ft.
Total Land Area Disturbed 1,300 S.F. Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 13,000.00
2. Alteration $ 44,000.00
3. Total (1+2) $ 57,000.00

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.

Louis V. Buono Jr. 7/4/97
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADDITION TO REAR OF HOUSE WITH DORMERS FOR ACCESS TO ROOF AREA FOR BEDROOM AND STORAGE

ADDITION TO FRONT OF HOUSE FOR USE OF 1ST FLOOR ONLY OF ADDITION

TYPE OF WORK:
[ ] New Building
[X] Addition
[X] Alteration
[X] Roofing
[X] 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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

BOC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/16/2006
Date Issued 05/16/2006
Control #
Permit # 97-2325+A

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

Block 323 Lot 25.03 Qual
Work Site Location 237 CIRCLE DR
REINSTATE EXPIRED PERMIT
Owner in Fee HUGHO, LOUIS
Address 3AME
BRICK NJ 08723-
Tel: [redacted]
Contractor
Address

Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

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

REINSTATE EXPIRED PERMIT

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:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
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. $ 1
2. Alteration $ 0
3. Total (1+2)$ 1

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK

[ ] New Building
[X] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 6
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
Other
[ ] Demolition

FEE (Office Use Only)

$	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0

Administrative Surcharge $ 0
Paid [X] Check # 4931 Minimum Fee $ 35
Collected by: CS TOTAL FEE $ 35
DCA Training Fee $ 0

U.C.C. F119 (rev. 3/96)

23E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/16/2000
Date Issued 05/16/2000
Control #
Permit # 97-23254A

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

Block 323 Lot 25.03 Qual
Work Site Location 237 CIRCLE DR
REINSTATE EXPIRED PERMIT
Owner in Fee BROOD, LOUIS
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work # 1

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] COO [ ] 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

B. 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	
0		TOTAL NUMBERS	0
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
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 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 REINSTATE	35

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 [X] Check # 4931 Minimum Fee $ 0
Collected by: CS TOTAL FEE $ 35
DCA Training Fee $ 0

U.C.C. F129 (rev. 3/96)

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION 237 Circle Dr.
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY DAN

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
①	Isometric sketch + floor plan of Bathroom	
②	List of existing fixtures	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 7-18-97

JURISDICTION Building (City, County, Township, etc.)

BUILDING LOCATION 327 Circle Drive. (Street address)

BUILDING DESCRIPTION Addition

REVIEWED BY FM

Numerals indicated *in parenthesis* are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Sill Anchor Bolt Spacing Wrong OK	
(2)	Windows in Bedrooms NOT Noted as Egress Windows OK	
	Architect Listed / No Seal on Drwgs Homeowner responsibility	
	Called 477-6033 No Ans	

06/93

OFFICE OF
DIVISION OF INSPECTION

BLOCK 323
LOT 25.03

ENGINEERING DEPARTMENT,

I request to be exempted from the plot plan ordinance for the minor addition to be constructed at 237 CIRCLE DRIVE, BRICK, N.J

THANK YOU,

PHONE NUMBER (908) 477-6033

Louis J. Tavormina Jr.
APPLICANT SIGNATURE

1. YES ☐ NO ☑ Are you removing excavated materials from site? Please explain.

2. YES ☐ NO ☑ Are you constructing a retaining wall? If yes, provide following information

Type:

☐ Railroad ties Height: _____
☐ Concrete Length: _____

Attach plan providing details location - Plan must be certified by licensed Engineer or Architect.

OFFICIAL USE ONLY

Preliminary Inspection	Construction Inspection	Final Inspection
Accepted ☑	Accepted ☐	Accepted ☐
Rejected ☐	Rejected ☐	Rejected ☐
Date 7/15/92	Date _____	Date _____
Signature _____	Signature _____	Signature _____

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: July 14, 1997 1997 - 2055

Block 323 Lot 25.03 Zone R-15

Property Address: 237 Circle Drive

Owner: Louis Buono, Jr. (Phone): [redacted]

Applicant: Same (Phone): [redacted]

Mailing Address: 237 Circle Drive, Brick, N.J. 08723

Existing Use: Single-family dwelling.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): Additions to front and rear ofdwelling; 28' high, 1½ stories.

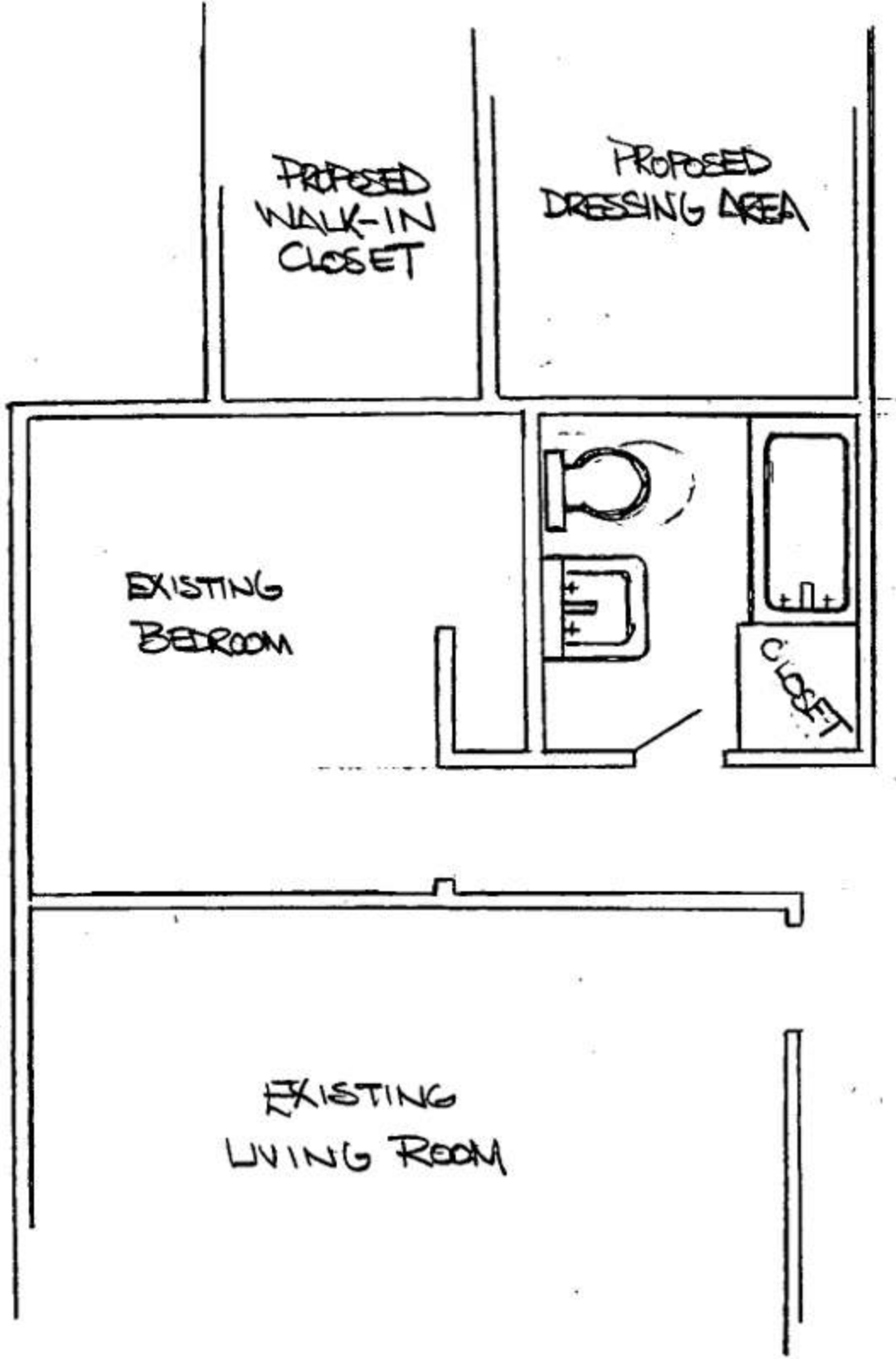
Conditions: Additions must be setback at least 35' from the front property line, 12' from the side property lines, and 35' from the rear property line.

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

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer



EXISTING BATHROOM FLOOR PLAN

N.T.S.

LOUIS V. BUONO JR
237 CIRCLE DR
BRICK, NJ 08723

BLOCK 323, LOT 25.03

BOCA®
PLAN REVIEW RECORD

Valuation: _____

Fee: _____

Plan Review # 7-97

Date 7-23

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION BRICK
(City, County, Township, etc.)

BUILDING LOCATION 237 CIRCLE
(Street address)

BUILDING DESCRIPTION ADD R-3 +25%

REVIEWED BY FIRE

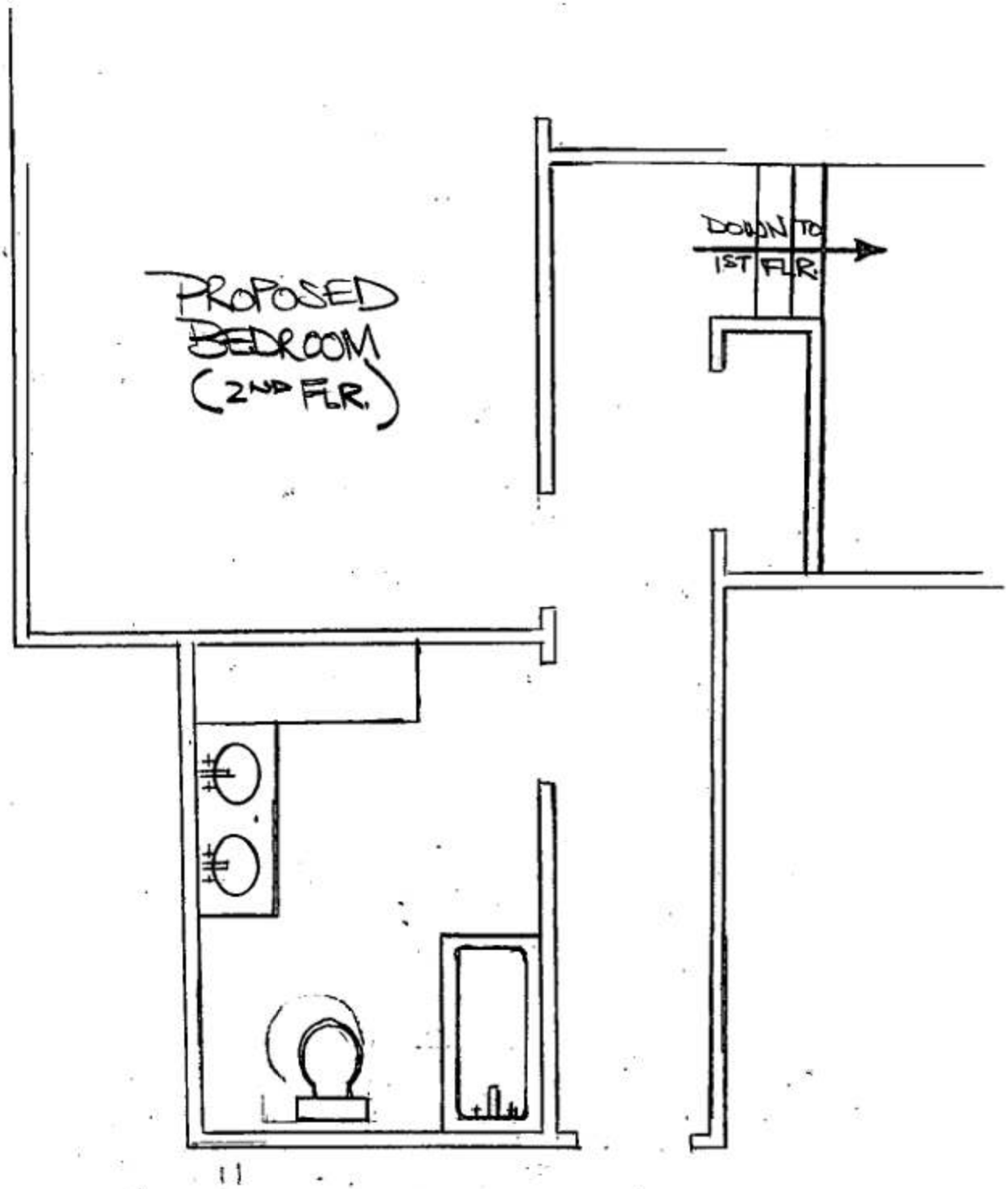
Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
	6 in house 4 bedrooms w/det.	
1	✓ PROVIDE AC/DC SMOKE DETECTORS	1 hallway
	INTERWIRED ALL BED RMS EACH	1 upstairs
	LEVEL AND CELLAR	
2.	~ DOOR SIZES MIN 2'8"	
	8-5-97	
	Called for all rejects 7-23-97 MT	

The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from:

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795



2ND FLR.

PROPOSED BATHROOM

FLOOR PLAN

N.T.S.

LOUIS V. BUONO JR
237 CIRCLE DR
BRICK, NJ 08723

BLOCK 323, LOT 25.03

July 31, 1997

Mr. Frank Mizer
Brick Township Building Dept.
Chambers Bridge Road
Brick, NJ 08723

SUBJECT: Revisions for Building Permit
Block 323, Lot 25.03
Louis Buono Jr.
237 Circle Drive
Brick, NJ 08723

Dear Mr. Mizer,

Please find enclosed 2 sets of revised plans, riser diagram, existing bathroom floor plan and proposed bathroom floor plan. This package has been sent to you as per our phone conversation concerning the rejection of my building permit application. The following items are addressed:

1.) The girder has been upsized to a 5 1/4"x 11 7/8" parallam from the original girder of 5 1/4"x 9 ½". This was done to allow for a 12' span between column supports and the supports were changed to show two columns instead of one on plan sheet #1.

2.) Anchor bolt spacing 6'-0" o. c. and 1'-0" from each end on plan sheet #1.

3.) An isometric sketch showing the existing and proposed plumbing throughout the house.

4.) Floor plan sketches showing existing and proposed bathrooms.

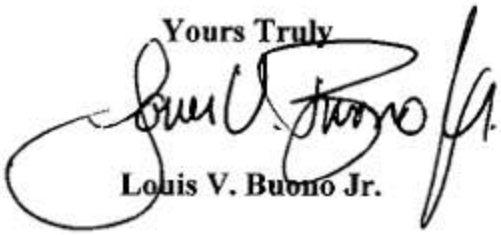
5.) The riser diagram shows all existing and proposed fixtures.

6.) Smoke detectors represented by a triangular symbol as indicated in the legend are shown on plan sheets #1, #2 & #3. A note was also added to these plan sheets indicating that all smoke detectors are to be hard-wired to the electrical panel and interconnected to all other smoke detectors.

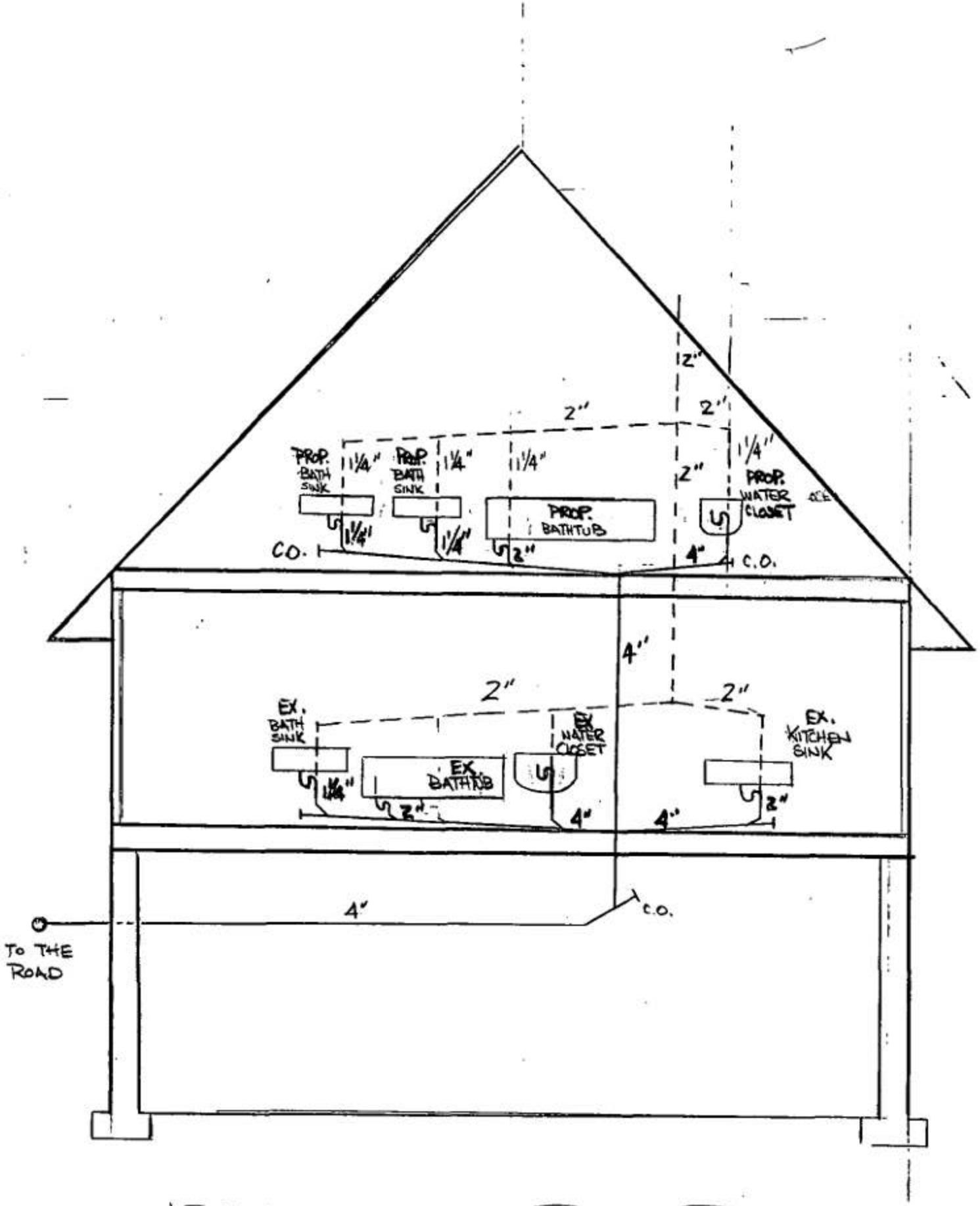
7.) A note was added to plan sheets #1,#2 & #3, that all entry doors throughout the house must be 2'-8"x 6'-8" or greater.

I trust that these revisions shall be satisfactory, but if you any questions or comments concerning the above, please feel free to contact me at my office at (732) 308-4106 or my home at (732) 477-6033. Thank you for your cooperation in this matter.

Yours Truly



Louis V. Buono Jr.



LEGEND

- - - VENT PIPE

——— DISCHARGE PIPE

RISER DIAGRAM

N.T.S