BLOCK 527.10 LOT 15-18 QUALIFICATION CODE _____ ADDRESS (SITE) 977 Midvale Ave PERMIT NO. 3462-97

RECEIVED
OCT 17 1997
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

20K

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

I. IDENTIFICATION

1. Proposed Work Site at: 977 Midvale Ave
2. Name of Owner in Fee: Hirtmis Strochaer Te [redacted]
   Address Same (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: RHE Professional Const Tel. (732) 920-3008
   Address 972 Wabash Ave
   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 Robert Klaas
   Tel. (732) 920-3008 FAX (____) _____

Addition

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 76-		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection	46-		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 122-		
9.	DCA Training Fee	5		
10.	Subtotal			
11.	Cert. of Occupancy	35-		
12.	Other ZPA	30-		
13.	TOTAL	$ 192-		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure 15 ft.	
3.	Area — Largest Floor 256 sq. ft.	
4.	New Building Area 256 sq. ft.	
5.	Volume of New Structure 3,029 cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed 256 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	Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☑ Addition	2000	✓			10-28-97	FM	1/15/98		✓
4.	☐ Alteration									
5.	☑ Fire Protection	1000				11/14/97	JE	2/13/98		ok
6.	☐ Plumbing									
7.	☑ Electrical	800						1-21-98		ok ✓
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		1000			10-28-97				
	TOTAL COSTS	8800								

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 1
After Construction 1
Net Gain or Loss —

B. NON-RESIDENTIAL

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

LDS BR 10109435

U.C.C. F100-1 (rev. 3/96)

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 Robert G. Klaer

Address 972 Wabash Ave

Brick NJ

Telephone (908) 840-7009

Signature Robert G. Klaer

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.				

CERTIFICATE

Date Issued 2-25-98
Control #
Permit # 3462-97

IDENTIFICATION

Block 527 Lot 15-18
Work Site Location 977 Midvale Ave.

Owner in Fee Mr. & Mrs. Stroehner
Address same

Tele. ( )
Contractor RHI Professional Contracting
Address 972 Wabash Ave.
Brick, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Family room addition to single family dwelling

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XX☒XX **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

J Cuccazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

Ready

PERMIT UPDATE

Date Update Issued 9801 07
Control #
Permit # 911526
Date Permit Issued 9/1/16

Brick

IDENTIFICATION Block 527.20 Lot 15-18
Work Site Location 977 Midvale Rd.
Brick
Owner in Fee Struebes
Address same
Tel. [redacted]

Contractor Absolute Electric
Address 668 Carroll Ford Rd.
Brick
Tel. (732) 892-3532
Lic. No. or Bldrs. Reg. No. 13864
Fed. Emp. No. 156624840

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK
Replace 100 amp servis cable.

Estimated Cost of Work $ @ 50.00

Construction Official

Date

U.C.C. F190
(rev. 3/96)

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

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total 110.
Check No.
Cash 40.
Collected by BJ

CONSTRUCTION PERMIT

Date Issued 11-14-97
Control #
Permit # 3462-97

IDENTIFICATION Block 527.20 Lot 15-18

Work Site Location 977 Midvale Ave. Brill Mt.
Owner in Fee Tom Stiebar.
Address Same.
[redacted]
Tele. ( ) [redacted]

Contractor RHI Professional
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

You are hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ADDITION

256
3024

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 $ 8500 -

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	N/C -
Plumbing	
Electrical	
Fire Protection	46 -
Other	
Other	
DCA Training Fee	5 -
Cert. of Occ.	25 -
Other 2 OF 1	25 -
Total	192 -
Check No.	4936
Cash	
Collected By:	MA

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 inspect cified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspect be performed within three business days of the time for which they are requested. The work must not proceed in a ma ch 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:

1. 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;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, ro piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insula installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, dev 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.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11-14-97
Date Issued
Control #
Permit # 3462-97

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

Block 527.20 Lot 15-18
Work Site Location 977 Midvale Ave
Brick
Owner in Fee Mr + Mrs Tom Strohar
Address 977 Midvale Ave
[redacted]
Tele. ([redacted]
Contractor RHL Professional contracting
Address 972 Wabash Ave
Brick NJ
Tele. (732 920 3008
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

16'x16' Addition Family Room
Cathedral ceiling
vinyl siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10-29-97	FM
[ ] 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			11/21/97	
Foundation			12-1-97	
Slab				
Frame			12/17/97	
Insulation			12/22/97	
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			1-15-98	

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

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories	1	
Height of Structure	15 Ft.	
Area—Largest Floor	256 Sq. Ft.	
New Bldg. Area/All Floors	256 Sq. Ft.	
Volume of New Structure	268 Cu. Ft.	
Total Land Area Disturbed	256 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 7000
2. Alteration $
3. Total (1+2) $ 7000

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 11-14-97 3462-97
Date Issued
Control #
Permit # 3462-97

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

Block 527.20 Lot 15-18
Work Site Location 977 Midvale Ave
Brick
Owner in Fee Mr + Mrs Tom Strohaar
Address 977 Midvale Ave
[redacted]
Tel[redacted]
Contractor [illegible]
Address 972 Wabash Ave
Brick NT
Tele. (732) 920 3008
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No[redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
16'x16' Addition Family Room
Cathedral ceiling
Vinyl siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10-28-97	FM
[ ] 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

1/15/98

(Office Use Only) FEE

$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 15 Ft.
Area—Largest Floor 256 Sq. Ft.
New Bldg. Area/All Floors 256 Sq. Ft.
Volume of New Structure 268 Cu. Ft.
Total Land Area Disturbed 256 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 7000
2. Alteration $
3. Total (1 + 2) $ 7000

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

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

C9

Date Received
Date Issued
Control #
Permit #

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

Block 527.20 Lot 15-18
Work Site Location 977 Hilltop Rd.
Brick
Owner in Fee/Occupant Tom Stroenter
Address same
[redacted]
Contractor Absolute Electric
Address 668 Carroll Fox Rd.
Brick
Tele. (732) 892-3532 Fax (732) 892-8612
Lic. No. 13814
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTE

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1/14/98
Approved by: 5433

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			12/19/97	5433 OVER
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/14/98	5433

Temp. Cut-in-Card Date issued
Final Cut-in-Card Date Issued 1/14/98 5433

C. CERTIFICATION IN LIEU OF OATH

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

Douglas B. Pinto
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
2		Lighting Fixtures
8		Receptacles
3		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
13		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

JB# 591

FEE (Office Use Only)

DEC 16 97 011526 1

TOTAL NUMBERS	$
Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	1
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	$
DCA Training Fee	$
RF TOTAL FEE	$ 35.-

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

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

2-06
OFC Old Harper, 2nd Floor Rear

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11-14-97
Date Issued
Control #
Permit # 3462-97

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

Block 527.00 Lot 15-18
Work Site Location 977 Middle Brick
Owner in Fee Mr + Mrs Trocher
Address 977 Middle Ave Brick
Tel [redacted]
Contractor RHE professional contracting
Address 972 Wabash Ave Brick NJ
Tele. (732) 920-3008
Lic. No.
Federal Emp. No. or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present 5 Proposed
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [X] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 11/19/97
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] DCA
Date: 2/13/98
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work 225 assumed CR

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

one STD tech level interconnected

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL	2	
Smoke Detectors	3	
Heat Detectors		46-
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

No basement

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 46.-

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11-14-97
Date Issued
Control #
Permit # 3462-97

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

Block 5d2.10 Lot 15-18
Work Site Location 977 midvale
Bisbee
Owner in Fee Mr & Mrs Trachsel
Address 977 midvale Ave
Bisbee
Tele. [redacted]
Contractor RHE professional contracting
Address 972 wabash Ave
Bisbee AZ
Tele. (TUC) 940-3008
Lic. No.
Federal Emp. No. or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present V Proposed
Heating Systems [ ] New [V] Existing
Type: [ ] Gas [V] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 11/14/97
Approved by: DE
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

Dates (Month/Day)

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 N/A

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( )	Capacity	Fuel
Combustible Liquid Storage Tanks	( )	Capacity	Fuel
L.P.G. Storage Tanks	1000	Capacity	Fuel
L.N.G. Storage Tanks	( )	Capacity	Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL	3,029	
Smoke Detectors	3	
Heat Detectors		
TOTAL		46.-
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 46.-

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: October 20, 1997 1997 - 2658

Block 527 Lot 15-18 Zone R-7.5

Property Address: 977 Midvale Avenue

Owner: Mr. and Mrs. Stroehner (Phone): [redacted]

Applicant: Robert Keaus (Phone): [redacted]

Existing Use: Single-family dwelling.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): 16' by 16' addition; height: 15' - one-story.

Conditions: The addition must be setback at least 25 feet from the property line at Midvale Avenue and 6 feet from the side property line.

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.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

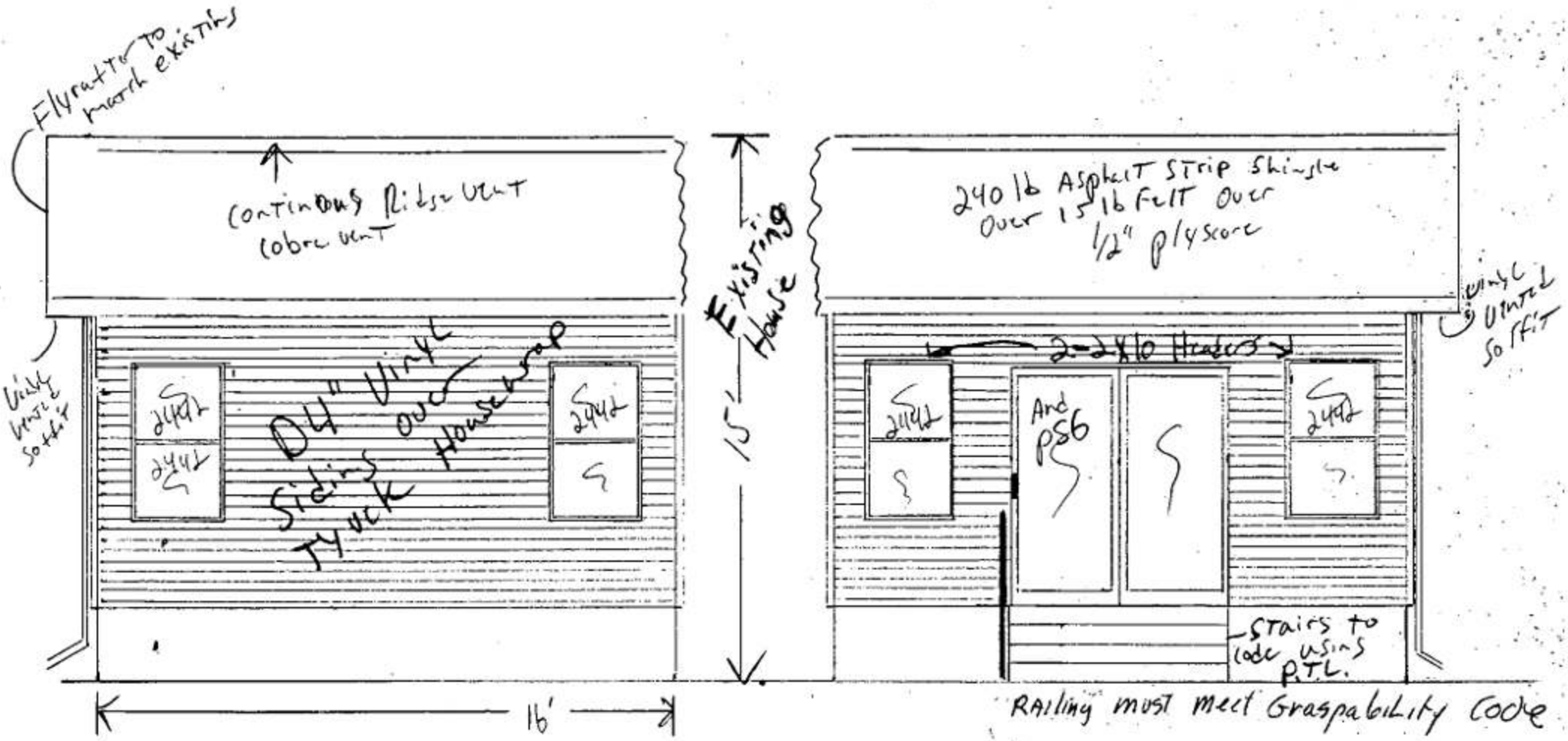
Proposed Addition 16'x16'

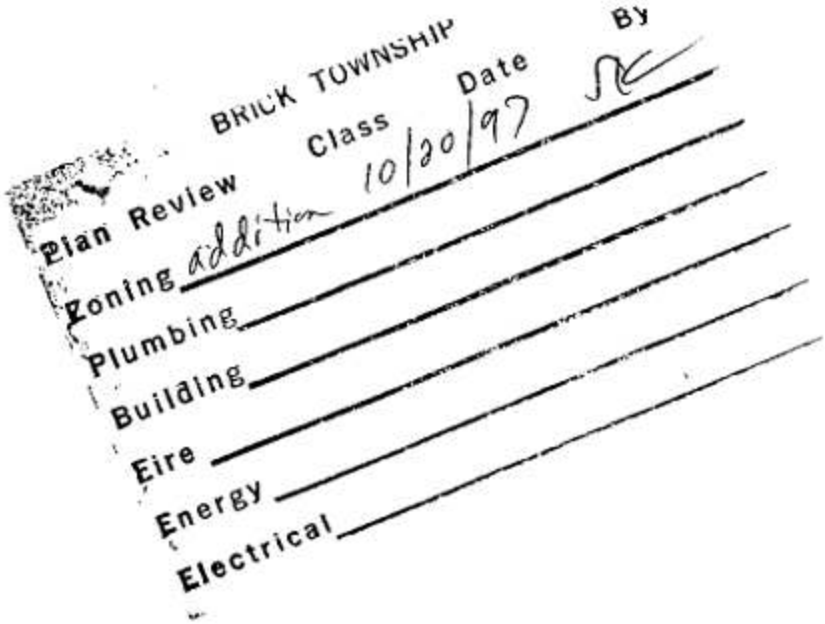
Mr+Mrs Stroehner LOT: 15-18

977 Milwaukee Ave BLK: 527.20

x [signature]

16 x 16



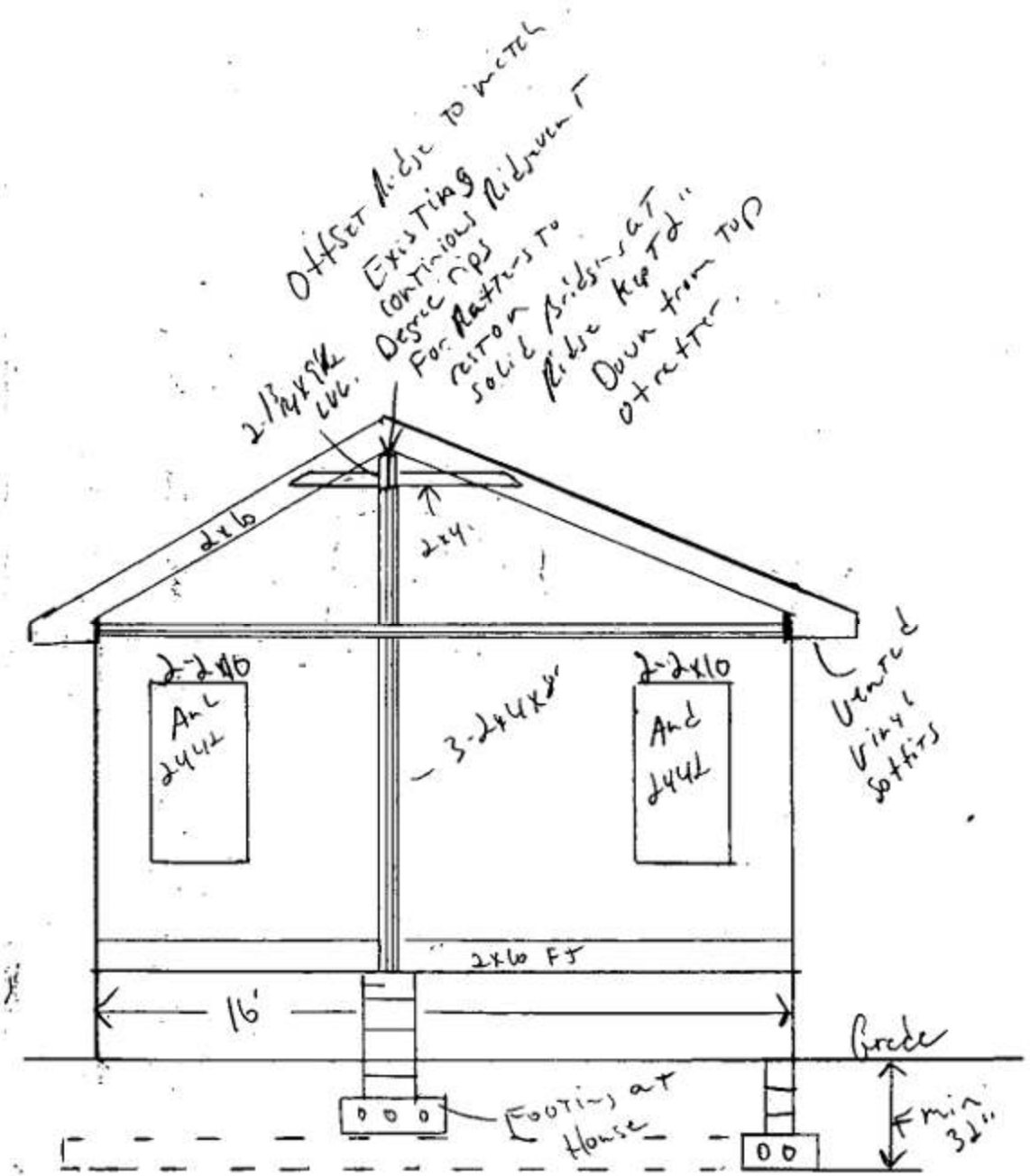

BRICK TOWNSHIP
By
Plan Review
Class
Date
10/20/97
Zoning addition
Plumbing
Building
Fire
Energy
Electrical

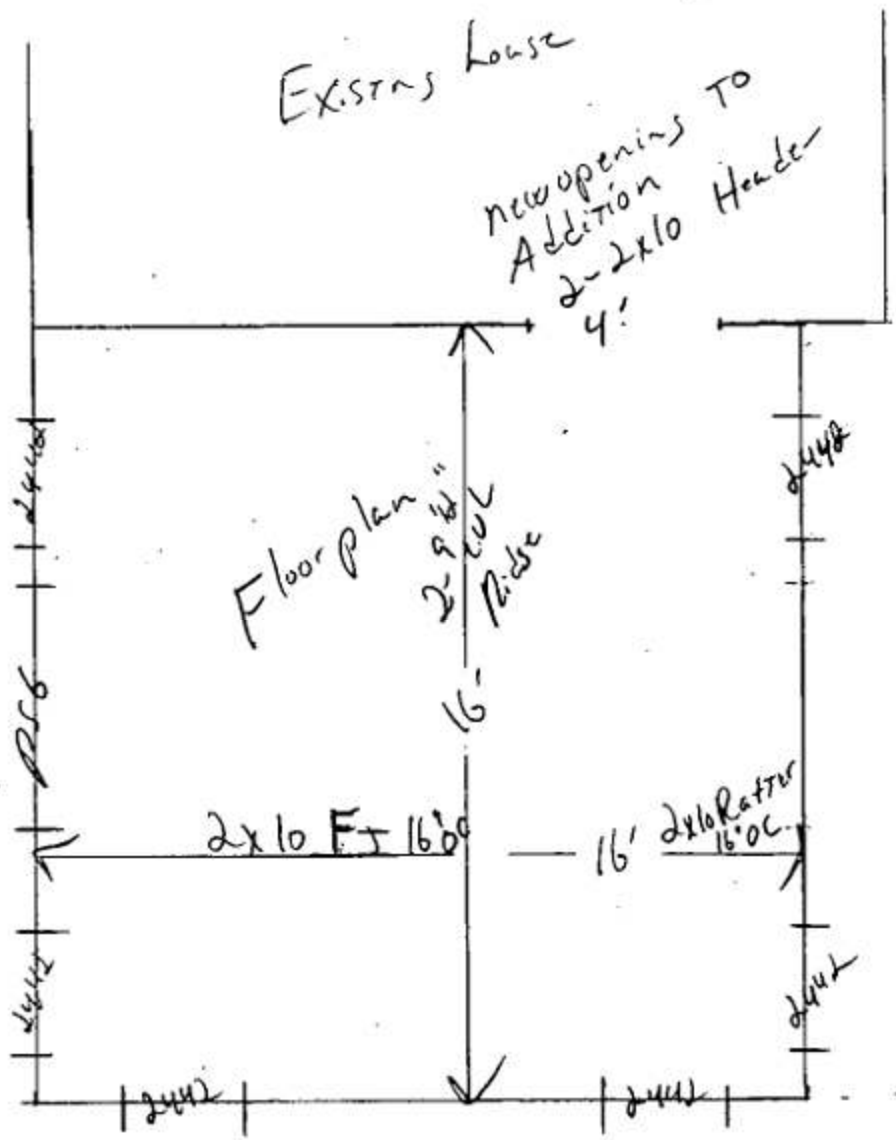
Proposed Addition 16 x 16

Mr & Mrs Stroehler Lot: 15-18

972 Midvale Ave Blk: 527, 20

X






BRICK TOWNSHIP
Plan Review
Class
Date
Zoning addition 10/20/97
Plumbing
Building
Fire
Energy
Electrical

APPLICANT R H I Professional Contracting

LOCATION _____ LOT _____ BLOCK _____ STREET 977 Midvale SECTION _____

TYPE Addition 16'X16'

PERMIT _____

TYPE ROOFING 240lb Asphalt Strip over 15lb Felt

RAFTER SIZE AND SPACING 2x6 16"oC

ROOF SHEATHING 1/2" CDX

CEILING JOIST SIZE AND SPACING Cathedral

TYPE SIDING D-4" Vinyl

WALL SHEATHING 1/2" CDX

TYPE WINDOWS Anderson DH

WALL FRAMING SIZE AND SPACING 2x4 16"oc.

CEILING INSULATION R 19

WALL INSULATION R 13

FLOOR INSULATION R 19

SUB-FLOOR 3/4" T&G Fir

FLOOR JOIST SIZE AND SPACING 2x10 16"oC

GIRDER N/A

BRIDGING 5/4X3

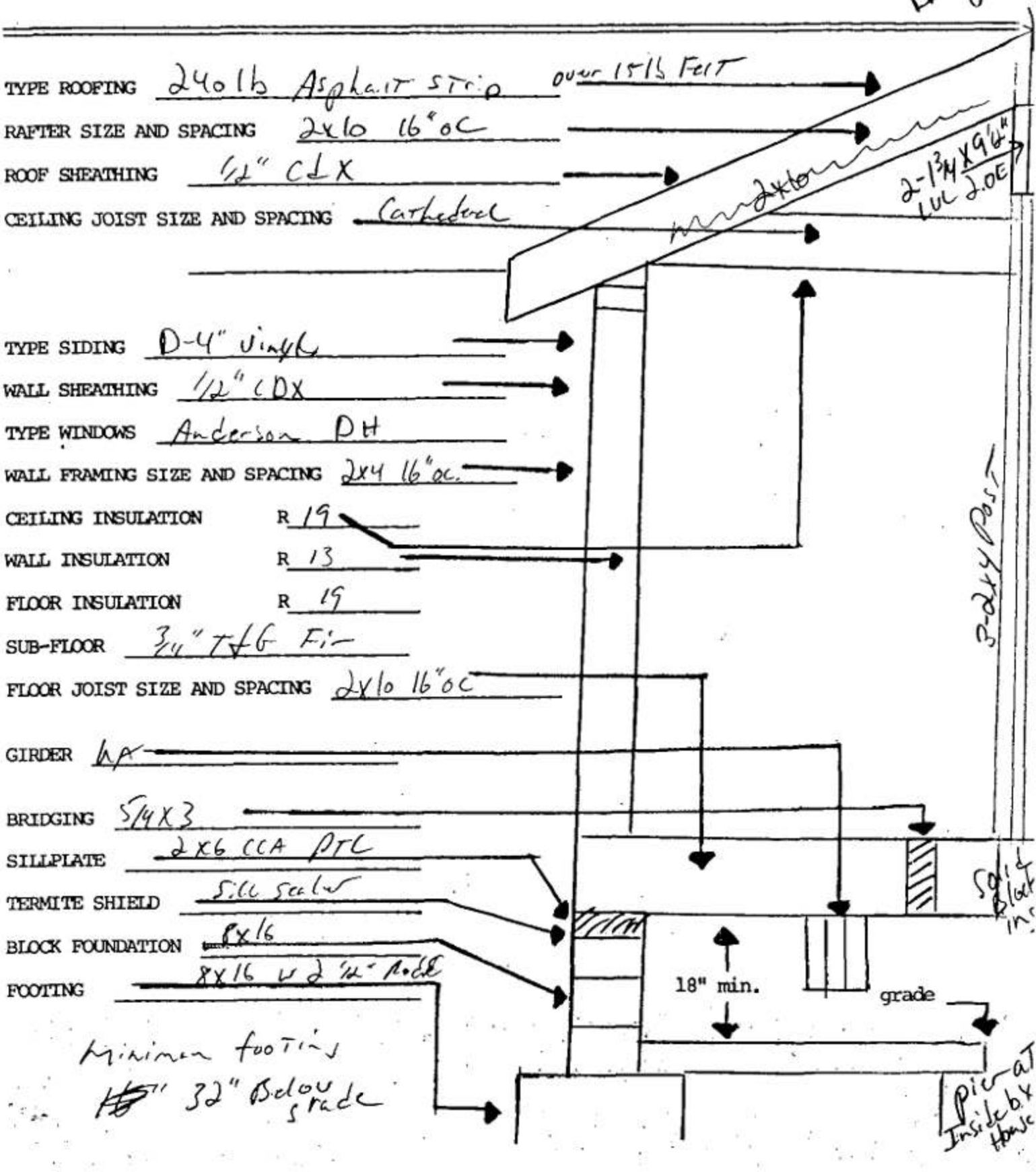
SILLPLATE 2X6 CCA PTC

TERMITE SHIELD Sill Sealer

BLOCK FOUNDATION 8x16

FOOTING 8X16 w 2 #4 Rebar

Minimum footing 32" Below grade



BRICK TOWNSHIP

Plan Review Class Date By

Zoning addition 10/20/97 SK

Plumbing

Building

Fire

Energy

Electrical

TOWNSHIP OF BRICK

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

Department of Engineering

Municipal Engineer
(908) 262-1038
Fax (908) 920-4850

DATE: 10-16-97

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 527.20 Lot: 15-18

Dear Sir;

I, Mr & Mrs Tom Strochmeck (Name) of 977 midvale Ave (Address), request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours

X _____ 477-7930
Applicant's signature Phone #

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved DATE: _____ BY: _____

Rejected DATE: _____ BY: _____

REMARKS: _____

190-31. Plot plan (Added 12-28-80 by Ord. No. 354-2P-80; amended 6-12-84 by Ord. NO. 354-2XXX-84)

A. Except where approval has been obtained after application under Part 3 or 4 of this chapter, no principal building or addition to a principal building shall be constructed in the Township of Brick except after approval by the Township Engineer of a plot plan to be submitted in accordance with the following specifications.

(1) Such plot plan shall be a survey of the lot in question showing the existing topography of the lot and the proposed location and elevation of the building and/or addition and the proposed grading. Existing topography and proposed grading shall at a minimum, consist of elevations at the property corners and the corners of the proposed building and/or addition. In the event that there is more than a two-foot difference in lot elevations, contours at one-foot intervals shall be shown. The existing topography of the lots immediately adjacent to the lot in question and the road fronting such lot shall also be indicated on the plot plan.

(2) Such plot plan shall include the following additional information:

(a) The width and type of pavement on the road in front of the proposed building and/or addition.
(b) The proposed method of drainage from the property in question.
(c) The proposed garage and first floor elevations.

(3) Plot plans must be prepared by a licensed engineer or land surveyor and shall bear his signature and seal. Surveys and topographical information certified to National Geodetic Vertical Datum must be prepared by a licensed land surveyor and shall bear his signature and seal.

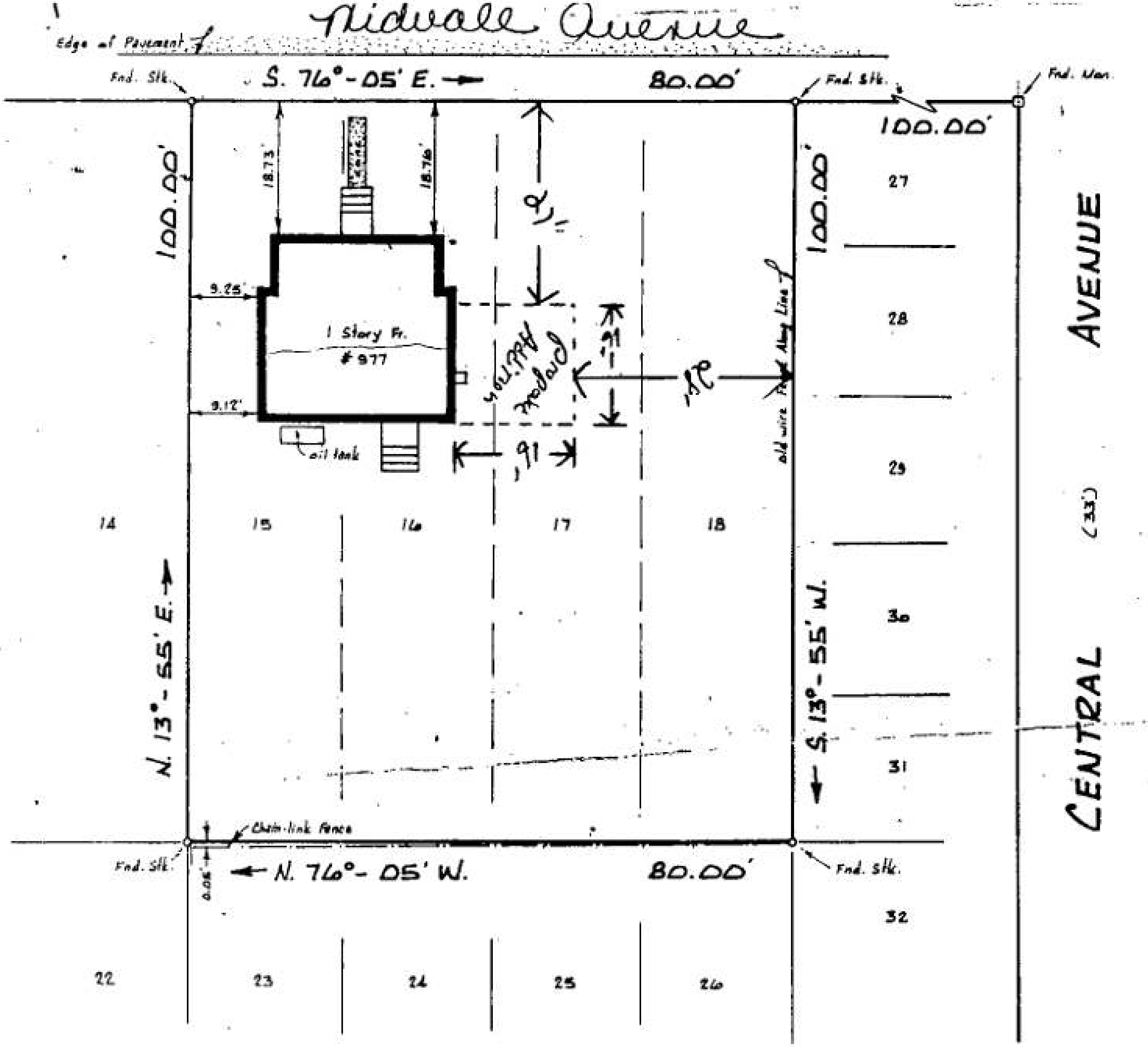
(4) Building or additions in a flood hazard area shall be in compliance with the National Flood Insurance Program (NFIP) as regulated by Federal Emergency Management Agency (FEMA).

B. Exemption from the plot plan requirement for an addition is subject to the approval of the Township Engineer, said exemption to be contingent upon:

(1) Proof that the subject addition is not in a flood hazard area.

(2) A survey locating the existing dwelling.

(3) a site inspection by a Brick Township Engineering [illegible] addition will not



NOTE: ALL COPIES VOID WITHOUT EMBOSSED SEAL ON SIGNATURE.

DESCRIPTION:
BEING LOTS 15, 16, 17, 18; IN BLOCK 527. ~~20~~ ON THE TAX MAP OF BRICK TOWNSHIP, OCEAN COUNTY, N.J. ALSO KNOWN AS LOTS 15, 16, 17, 18, IN BLOCK 20, ON MAP OF "CEDARWOOD PARK, SUBDIVISION 'C', ANNEX", FILED APRIL 7, 1942, AS MAP 8-315.

CERTIFIED TO:
FRANCES M. FAELLING

APPROVED FOR ZONING ONLY
[illegible] OFFICER
DATE October 20 1997

GEORGE W. HENN, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
PROFESSIONAL PLANNERS
73 MANTOLOKING ROAD
BRICK TOWN, N. J. 08723
477-8500

I CERTIFY THE ABOVE SURVEY AND FIND CONDITIONS AS SHOWN. THIS CERTIFICATION IS MADE ONLY TO HEREON NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF ABOVE PREMISES BY HEREON NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING BUT NOT LIMITED TO SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON.

GEO. W. HENN, P. E., L. S. 5328
WALTER SCHARFENBERG L. S. 14159, P. P. 385

FILE: [illegible] | DATE: [illegible] | SCALE: 1" = 20'