BLOCK 527.20 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 977 Midvale PERMIT NO. 04-0226

CONSTRUCTION PERMIT APPLICATION

C52.72

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

I. IDENTIFICATION

1. Propsed Work Site at: 977 Midvale Ave Bellstown NJ
2. Name of Owner in Fee: Tom and Franline Strosnider [redacted]
   Address Same as Above (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Ted Rolle Tel. (609) 294 0113
   Address 47 Atlantis Blvd Little Egg Harbor NJ 08087
   License No. OR, if new home, Builder Reg. No _____ Exp. Date _____
   Federal Employee No [redacted] FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address Same as Above
6. Responsible Person in Charge of Work Ted Rolle
   Tel. (609) 294 0113 FAX (____) _____

ADDN

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 94 + 35 + 50	40	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection	35		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
	Subtotal	$		
	DCA Training Fee	1	1	
10.	Subtotal			
11.	Cert. of Occupancy	35		
12.	Other	30		
13.	TOTAL	$ 1239	41	

Of 1700

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
2.	Height of Structure 17 ft.	
3.	Area — Largest Floor 220 sq. ft.	
4.	New Building Area 220 sq. ft.	
5.	Volume of New Structure 3740 cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed 0 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	13000	JS	12-10-03		12-12-03	FM	6/9/05		
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☒ Fire Protection	100				12-31-03	GM	6/1/05		
6.	☐ Plumbing									
7.	☒ Electrical	500				12/1/03	MM	11/9/05		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Cal	12/12/03		12/12/03				
	TOTAL COSTS	13600								

OPTIONAL (for office use only)

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 10325791

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. (X) 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. (X) 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 11-14-03

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.

(X) Check if contractor.

Agent Name Ted Rolle

Address 47 Atlantic Blvd Little Egg Harbor NJ 08087

Telephone (609) 294-8113

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. _____	_____	_____	_____	_____

Constituent Contact Report

Date	Comments	Initials
9/31	permit ready - left MSG	dlp

C35

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/29/2004
Control #
Permit # 04-0226

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 527.20 Lot 15 Qual

Work Site Location 977 MIDVALE AVE
ADDITION
Owner in Fee SINGERMER
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor TED ROLLE
Address 47 ATLANTIS BLVD
LITTLE EGG HARBOR, NJ 08087-
Telephone (609)296-0112
Lic. No, or Bldrs. Reg. No.
Federal Emp. No. 22-072339

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
2ND FLOOR ADDITION

PAYMENTS (Office Use Only)

Building	94
Electrical	35
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	10
Cert. of Occupancy	35
Other ZPEP	30
Total	239
Check No.	1700
Cash	
Collected By	MJR

01/29/04 9:25AM 000000#6600
XX02 SERV.002

#0226	
BUILDING	$94.00
ELECTRIC	$35.00
FIRE	$35.00
DCA	$10.00
C/O	$35.00
ZPA	$15.00
EPA	$15.00
CHECK	$239.00

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 $ 10,600

D. Newman 01-29/2004
Construction Official Date

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

PERMIT UPDATE

Date Update Issued 11/02/2005
Control # C-05-138734
Permit # 04-0226+A

IDENTIFICATION Block: 527.20 Lot: 15 Qualifier
Work Site Location: 977 MIDVALE AVE ADDITION , NJ
Contractor STROEHMER
Address SAME BRICK NJ 08723-
Owner in Fee STROEHMER
Address SAME BRICK NJ 08723-
Telephone [redacted]
Lic. No. or
Telephone: [redacted]
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:
ELECTRICAL ALTERATIONS

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 $1,000

Construction Official
11/02/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	2357
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.

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/10/2003
Date Issued 1/29/04
Control # C52-72
Permit # 04-0226

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 Qual
Work Site Location 977 MIDVALE AVE
ADDITION
Owner in Fee STROEHMER
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor TED MOLLE
Address 47 ATLANTIS BLVD
LITTLE EGG HARBOR, NJ 08087-
Tele.(609)294-0113 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-072339

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All 12-12-03 FM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [-] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 6-9-05
Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame - OVER 02/11/04			03/05/04	KEK
BarrierFree				
Insulation			03/05/04	KEK
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			06/08/05	KEK
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 17 Ft.
Area Largest Floor 220 Sq. Ft.
New Bldg. Area/All Floors 220 Sq. Ft.
Volume of New Structure 3,740 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 13,000
2. Alteration $ 0
3. Total (1+2) $ 13,000

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

2ND FLOOR ADDITION

All work must meet Code

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	94
[ ] 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
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 94
DCA State Permit Fee	$ 10

U.C.C. F110 (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 12/10/2003
Date Issued
Control # C52-72
Permit #

TYPE OF WORK
[X] Addition

2ND FLOOR ADDITION

TECHNICAL SITE DATA

Signature

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

02/11/04 NO OPEN DECK INSP. DONE. NEED STRUCTURAL CERT. FOR TRANSMISSION OF POINT LOADS FROM M/L IN 2ND FL CLG. THRU FLOOR BELOW.

03/05/04 SPECS SUBMITTED FOR POINT LOADS. M/L BEAMS INSTALLED. FRAMING O.K.

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/10/2003
Date Issued 1/21/04
Control # C52-72
Permit # 04-0226

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 Qual
Work Site Location 977 MIDVALE AVE
ADDITION
Owner in Fee STROEHMER
Address SAME
BRICK, NJ 08723-
T[redacted]
Contractor TED NOLLE
Address 47 ATLANTIS BLVD
LITTLE EGG HARBOR, NJ 08087-
Tele.(609)294-0113 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-072339

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

2ND FLOOR ADDITION

All work must meet Code

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-12-03	PJP
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 17 Ft.
Area Largest Floor 220 Sq. Ft.
New Bldg. Area/All Floors 220 Sq. Ft.
Volume of New Structure 3,740 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 13,000
2. Alteration $ 0
3. Total (1+2) $ 13,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	94
[ ] 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	$ 94
DCA State Permit Fee	$ 10

Paid [ ] Check #
Collected by:

U.C.C. F110 (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 12/10/2003
Date Issued 1/12/04
Control # C52-72
Permit # 04-0226

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 Qual
Work Site Location 977 MIDVALE AVE
ADDITION
Owner in Fee STROEHNER
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor TED ROLLE
Address 47 ATLANTIS BLVD
LITTLE EGG HARBOR, NJ 08087-
Tele.(609)294-0113 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-072339

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-12-03	FP
[ ] 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				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 17 Ft.
Area Largest Floor 220 Sq. Ft.
New Bldg. Area/All Floors 220 Sq. Ft.
Volume of New Structure 3,740 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 13,000
2. Alteration $ 0
3. Total (1+2) $ 13,000

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

2ND FLOOR ADDITION

All work must meet code

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	94
[ ] 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	$ 94
DCA State Permit Fee	$ 10

Paid [ ] Check #
Collected by:

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

change of Contractor + update

Called 10/5/05

04-032667A

Date Received
Control # 11-2-05

Date Issued
Permit # C05-138734

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 527.29 Lot 15 Qualification Code

Work Site Location 977 Midvale Ave
Brick NJ 08723

Owner in Fee Tom Stoevehmer

Address 977 Midvale Ave
Brick NJ 08723

Tel [redacted]

Contractor Michael Kiernan Elec Cont.

Address 452 Central Ave Brick

Tel (732 920-3785 FAX ( )

Contractor License No [redacted]

Federal Emp. No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Residence Utility Co.

Est. Cost of Elec. Work $ 1000

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.

Michael Kiernan

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)
1		Lighting Fixtures	
2		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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 $ 4.00

TOTAL FEE $ 4.00

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: 10 5 05

Approved by: MN

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 11 9 05

Approved by: MN

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-2-05	TH
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)

Change of Contractor + update 04-03264A

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11-2-05
Control #
Date Issued
Permit # C05-1387

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 Qualification Code
Work Site Location 972 Midvale Ave Brick NJ 08723
Owner in Fee Tom Stoevenmer
Address 972 Midvale Ave Brick NJ 08723
Tel [redacted]
Contractor Michael Kiernan Elec Cont.
Address 452 Central Ave Brick
Tel (732 920-3785 FAX ( )
Contractor License
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Residence Utility Co.
Est. Cost of Elec. Work $ 1600

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.

Michael Kiernan
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)
1		Lighting Fixtures	
12		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit-	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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 $ 11
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: 11 5 05
Approved by: MM

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

UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/10/2003
Date Issued 12/29/04
Control # C52-72
Permit # 04-0226

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 Qual
Work Site Location 977 MIDVALE AVE
ADDITION
Owner in Fee STROEHNER
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Cor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 12/17/03
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	
4		Receptacles	
0		Switches	
2		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	35
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/+ 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 $ 35
DCA State Permit Fee $ 0

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

UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/10/2003
Date Issued 12/24/04
Control # C52-72
Permit # 04-0226

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 Qual
Work Site Location 977 MIDVALE AVE
ADDITION
Owner-in Fee STROEHMER
Address SAME
BRICK, NJ 08723-
Te [redacted]
Co
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 12/17/03
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	
4		Receptacles	
0		Switches	
2		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	35
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/+ 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	$ 35
	DCA State Permit Fee	$ 0

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

UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Jackson Rel Wood

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/10/2003
Date Issued 1/29/04
Control # C52-72
Permit # 04-0226

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 Qual
Work Site Location 977 MIDVALE AVE
ADDITION
Owner in Fee STROEHWER
Address SAME
BRICK NJ 08723-
Tele [redacted]
Cont
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 12/7/03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1/29/04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			2609	ZC
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	0805		1705	ZC

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 (1)	
4		Receptacles (6)	
0		Switches (1)	
2		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	35
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/+ 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
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 0

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

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE RD
TOWNSHIP OF BRICK

TECHNICAL SECTION
SUBCODE
ELECTRICAL
NCC NEW JERSEY

Permit #
Control # C25-15
Date Issued
Date Received 12\10\2003

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/10/2003
Date Issued 1/24/04
Control # C52-72
Permit # 04-0256

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 Qual
Work Site Location 977 HIDYALE AVE
ADDITION
Owner in Fee STROEHMER
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bidrs. Reg. No.
Federal Emp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

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: 12-31-03
Approved By: JS
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 an authorized to make this application.

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	1	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices CO DET	1	
TOTAL	2	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 [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

(1st + 5.1)

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: TOTAL FEE		$ 35
	DCA State Permit Fee	$ 0

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/10/2003
Date Issued 1/24/04
Control # C52-72
Permit # 04-0256

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 Qual
Work Site Location 977 MIDVALE AVE
ADDITION
Owner in Fee STROEHNER
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor
Address
Tele.( )
Lic. No: or Bldrs. Reg. No.
Federal Emp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

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: 12-31-03
Approved By: AB
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 an authorized to make this application.
Signature

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	1	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices CO DET	1	
TOTAL	2	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 [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

EXISTING S.D.'S

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

N.C.C. 5140 (rev. 2/96)

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/10/2003
Date Issued 1/24/04
Control # C52-72
Permit # 04-0226

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 Qual
Work Site Location 977 MIDVALE AVE
ADDITION
Owner in Fee STROEHMER
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Cont
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

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: 12-31-03
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/10/05
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			6-8-05	
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			6-8-05	
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.

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	1	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices CO DET	1	
TOTAL	2	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 [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Township of Brick
Zoning Permit

Approved:	Wednesday, December 10, 2003	**Number:**	2047
Block	527.20 **Lot** 15	**Zone:**	R-7.5

Property Address:	977 Midvale Avenue
Applicant:	Ted Rolle, T-Roll-Construction
Property Owner:	Tom and Francine Stroehmer
Existing Use:	Single Family Residential
Proposed Use:	Single Family Residential
Proposed Construction:	Second floor addition 10' x 22', 17' high.
Conditions:	An additional permit will be required for any additional work.

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

RECEIVED
DEC 18 2003
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.

BLOCK 527.20 LOT 15, 16, 17, 18 QUALIFIER _____

PROPERTY ADDRESS 927 Midvale Ave Bricktown NJ 08723

PERSONAL NAME OF APPLICANT Ted Rolle

BUSINESS NAME OF APPLICANT T-Roll-Construction

MAILING ADDRESS OF APPLICANT 47 Atlantis Blvd Little Egg Harbor NJ 08087

PROPERTY OWNER'S FULL NAME Tom and Francine Stroehmer

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) Full Time Residence

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 17'
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____ Height _____
☐ Fence - Type _____
☐ 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 11-14-03

Reviewed by Zoning Office _____ Date 12/9/03 (X) Approved ( ) Denied

04-0226

FRAMING CHECKLIST

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

2nd FL ADD'N

1. ANCHORAGE:

BOLTS
- ☐ SPACING
- ☐ SIZE

STRAPS
- ☐ SPACING (PER MANUFACTURER'S SPECS)
- ☐ SIZE

2. SILL PLATES:

- ☐ SIZE
- ☐ GRADE, SPECIES
- ☐ TREATMENT
- ☐ LAPS
- ☐ SILL SEALER
- ☐ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- ☐ TERMITE PROTECTION

3. BEAM POCKETS:

- ☐ BEARING/SHIMS
- ☐ TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

- ☐ SIZED PER PLAN
- ☐ ATTACHMENT/PLATES
- ☐ SPACING/LOCATION
- ☐ PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD FLOOR	
☐	☐	☐	SIZE
☐	☐	☐	GRADE, SPECIES
☐	☐	☐	SINGLE OR DOUBLE
☐	☐	☐	PRE-ENGINEERED PER MANUF'S SPECS
☐	☐	☐	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

- ☐ SIZED PER PLAN
- ☐ TYPE
- ☐ GRADE, SPECIES
- ☐ LOCATION AND RELATION TO THE PLAN
- ☐ NAILING
- ☐ ATTACHMENT SCHEDULE
- ☐ BEARING
- ☐ LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD FLOOR	
☐	☐	☐	SIZED PER PLAN
☐	☐	☐	GRADE, SPECIES
☐	☐	☐	PRE-ENGINEERED COMPONENTS AS SPECIFIED
☐	☐	☐	BEARING
☐	☐	☐	NAILING
☐	☐	☐	BRIDGING
☐	☐	☐	CUTTING AND NOTCHING (AS PER CODE)
☐	☐	☐	POINT LOADS - SUPPORTED AS PER PLAN
☐	☐	☐	SPAN HANGERS
☐	☐	☐	HEADERS
☐	☐	☐	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD FLOOR	
			MATERIAL
☐	☐	☐	PANEL SPAN, THICKNESS
			SPECIAL REQUIREMENTS
☐	☐	☐	EDGE BLOCKING (IF REQUIRED)
☐	☐	☐	GAPPING
☐	☐	☐	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD FLOOR	
☐	☐	☐	BEARING
☐	☐	☐	NAILING

EXIST'G

4/24/03

C. Wall Framing

1. Exterior Wall Frame:

1st	2nd	3rd Floor	
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Header Sizes
☐	☐	☐	Jack Stud Bearing

Top Plates

☐	☐	☐	Nailing
☐	☐	☐	Laps
☐	☐	☐	Rafter Ties
☐	☐	☐	Hurricane Straps (as required)

2. Interior Load-Bearing Walls:

1st	2nd	3rd Floor	
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Layout - Support Below per Code
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Fire Blocking
☐	☐	☐	Header Sizes
☐	☐	☐	Jack Stud Bearing

Top Plates

☐	☐	☐	Nailing
☐	☐	☐	Laps
☐	☐	☐	Strapping

3. Interior Non-Load-Bearing Walls:

NONE

1st	2nd	3rd Floor	
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Fire Blocking
☐	☐	☐	Header Sizes
☐	☐	☐	Top Plate Nailing

D. Roof Framing

1. Truss Roof Framing (as per design):

Approved Documents which Show:

- ☐ Layout Plans
- ☐ Truss Members
- ☐ Connection Schedule
- ☐ Permanent Bracing Details
- ☐ Dormers / Roof Structures on Manufacturer's Drawings
- ☐ Equipment / Appliances on Manufacturer's Drawings

☐ Location as per Layout
- ☐ Alignment

☐ Bearing

☐ Spacing

☐ Connections to Bearing Points

☐ No Connection to Non-Bearing Points

☐ Damage and Defects
- ☐ Engineered Method of Repair

2. Permanent Truss-to-Truss Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination
- ☐ Transition (i.e., Cross) Bracing

3. Gable End Bracing (as per design):

- Layout
- Size
- Type
- Nailing
- Overlap
- Termination

4. Solid Sawn Roof Framing:

- Size
- Grades, Species

Layout
- Spacing
- Span

Bearing

Fastening
- Damage Caused by Fasteners (rafters not split by toenails)

Cutting, Notching, and Boring

Bridging

Ridge Size

Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing – Exterior Walls:

Material
- Panel Span, Thickness

Special Requirements
- Gapping
- Layout
- Corner Bracing (if required)

2. Sheathing – Roof:

Material
- Panel span, Thickness

Special Requirements
- Blocking, Edge (if required)
- Clips (if required)
- Gapping
- Layout

Sheathing, FRT – Roof
- ☐ Four Feet from Firewall
- ☐ Noncorrosive Fasteners

INTERNATIONAL PAPER
ENGINEERED WOOD PRODUCTS
KeyBeam® Version 4.16

02/27/04
11:26am
1 of 1

Member Data

Description:

Standard Load:
Live Load: 40 plf
Dead Load: 15 plf
DOL: 100%

Member Type: Beam
Lateral Bracing: Continuous
Moisture Condition: Dry
Deflection Criteria: L/360 live, L/240 total
Deck Connection: Nailed
Filename : KYB5

Application: Floor

Building Code: Other
1.000" max. LL
Member Weight: 4.6 plf

Non-standard Loads

Type (Description)	Begin	End	Trib. Width	Live Start	End	Dead Start	End	DOL
Point(lbs)	2' .00"			1315.		1376.		100%

Bearings and Reactions

	Location	Type	Input Width	Minimum Length	Total	Worst Case 100%	Dead	Total
1	0' .00"	Wall	N/A	1.60"	2523#	1294#	1230#	2523#
2	11' 1.75"	Wall	N/A	1.50"	833#	468#	366#	833#

Design spans
11' 1.75"

Product: 1 3/4x9 1/4 Weldwood 2.0e 3100Fb 1 ply
Minimum 1.60" bearing required at bearing # 1
Minimum 1.50" bearing required at bearing # 2

Allowable Stress Design

	Actual	Allowable	Capacity	Location	Loading
Positive Moment	5101.'#	6710.'#	76%	2.07'	Total load 100%
Shear	2477.#	3076.#	80%	.01'	Total load 100%
LL Deflection	.2133"	.3715"	L/626	5.02'	Total load 100%
TL Deflection	.4035"	.5573"	L/331	5.02'	Total load 100%

Control: Shear

STROEHMER
977 MIDVALE AVE
BK 527.20/K15

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Keymark

Jason Orth
Eastern Engineered Wood Products

INTERNATIONAL PAPER
ENGINEERED WOOD PRODUCTS
KeyGeam® Version 4.16

02/27/04
11:24am
1 of 1

Member Data

Description:

Standard Load:
Live Load: 40 plf
Dead Load: 15 plf
DOL: 100%

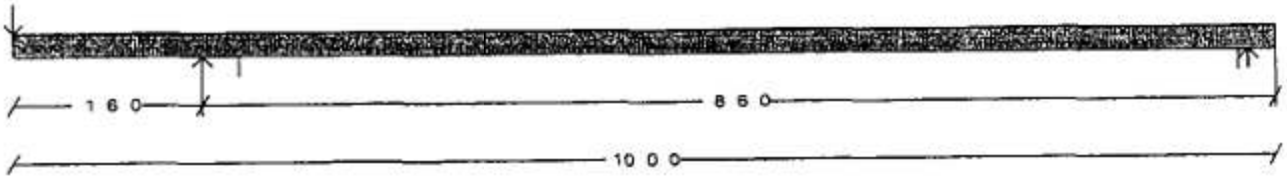
Member Type: Beam
Lateral Bracing: Continuous
Moisture Condition: Dry
Deflection Criteria: L/360 live, L/240 total
Deck Connection: Nailed
Filename : KYB4

Application: Floor

Building Code: Other
1.000" max. LL
Member Weight: 4.6 plf

Non-standard Loads

Type (Description)	Begin	End	Trib. Width	Live Start	End	Dead Start	End	DOL
Point(lbs)	0' .00"			1315.		1376.		100%



Bearings and Reactions

	Location	Type	Input Width	Minimum Length	Total	Worst Case 100%	Dead	Total
1	1' 6.00"	Wall	3.50"	2.24"	3523#	1785#	1739#	3523#
2	9' 9.38"	Wall	3.50"	1.50"	-249#	-244#	-171#	-415#

Design spans
1' 6.00" (left cant) 8' 3.38"

Product: 1 3/4x9 1/4 Weldwood 2.0e 3100Fb 1 ply

Allowable Stress Design

	Actual	Allowable	Capacity	Location	Loading
Positive Moment	0.'#	6710.'#	0%	9.78'	Total load 100%
Negative Moment	4104.'#	6710.'#	61%	1.5'	Total load 100%
Shear	2734.#	3076.#	88%	.75'	Total load 100%
Max. Reaction	3523.#	5513.#	63%	1.5'	Dead load
LL Deflection	-.0663"	.2760"	L/999+	4.81'	Cants Only 100%
TL Deflection	-.1263"	.4141"	L/787	4.81'	Cants Only 100%
LL Defl., Lt.	.0738"		2L/487	0'	Cants Only 100%
TL Defl., Lt.	.1449"		2L/248	0'	Cants Only 100%

Control: Shear

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Keymark

Jason Orth
Eastern Engineered Wood Products

National Fire Code
Plan Review Record
Township of Brick

Date: 12 - 19 - 03

Site Address: 977 Midvale Ave

Reviewed By: Ron Bisz

CORRECTION LIST

No. | Description

1) Need plan showing S.D.'s required all bedrooms new & existing w/ 10' of bedroom doors. AC/DC powered interconnected

EXISTING

12-19-03
[illegible] 3:13
609-[illegible]
[illegible]

Party Called and Phone #:

Resubmitted on: By:

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: Ted Rolle

SIGNATURE: Ted Rolle DATE: 11-14-03

BLOCK: 527.20 LOT: 15, 16, 17, 18 ADDRESS: 977 Midvale Ave Bricktown NJ

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: 977 Midvale Ave

Block: 527-20 Lot: 15, 16, 17, 18

Contractor: Ted Rolle

Contractor's Address: 47 Atlantis BLVD

Type of Construction (minor, new home): Addition

Type of Debris (shingles, siding, wood, etc.): Wood, Vinyl Siding

Party responsible for removal: MAB Waste system

Dumpster size: 12 yds

Destination of debris: ~~Wood, Vinyl~~ Siding Ocean County 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.

Ted Rolle
Signature

11-14-03
Date

Ted Rolle
Print Name

3100Fb SP and 3080Fb DF (115% Load Duration) Snow Load

KEY TO TABLE: Top figure = Allowable Total Load [plf] Middle figure = Allowable Live Load [plf]
Bottom figures = Minimum Required Bearing Length at End / Intermediate Supports [inches]

Design Span (ft)	Single Ply 1¾" Width - 3100 Fb SP				Double Ply 1¾" Width - 3100 Fb SP or 3½" Width - 3080 Fb DF							Triple Ply 1¾" Width - 3100 Fb SP or 5¼" Width - 3080 Fb DF						Quadruple Ply 1¾" Width - 3100 Fb SP or 7" Width - 3080 Fb DF				
	7¼"	9½"	11⅞"	14"	7¼"	9½"	11⅞"	14"	16"	18"	24"	9½"	11⅞"	14"	16"	18"	24"	11⅞"	14"	16"	18"	24"
6	653 - 1.8 / 3	1245 - 2.5 / 3.1	1668 - 3.4 / 4.2	2102 - 4.3 / 5.3	1755 - 1.8 / 3	2446 - 2.5 / 3.1	3278 - 3.3 / 4.1	4131 - 4.2 / 5.2	5047 - 5.1 / 6.4	6108 - 6.2 / 7.7	10464 - 10.6 / 13.2	3670 - 2.5 / 3.1	4917 - 3.3 / 4.1	6196 - 4.2 / 5.2	7571 - 5.1 / 6.4	9150 - 6.2 / 7.7	15697 - 10.6 / 13.2	6556 - 3.3 / 4.1	8261 - 4.2 / 5.2	10095 - 5.1 / 6.4	12201 - 6.2 / 7.7	20925 - 10.6 / 13.2
8	599 482 1.6 / 3	874 - 2.4 / 3	1146 - 3.1 / 3.9	1414 - 3.8 / 4.8	1189 965 1.6 / 3	1717 - 2.3 / 3	2253 - 3 / 3.8	2779 - 3.8 / 4.7	3321 - 4.5 / 5.6	3915 - 5.3 / 6.6	6094 - 8.2 / 10.3	2576 - 2.3 / 3	3379 - 3 / 3.8	4169 - 3.8 / 4.7	4962 - 4.5 / 5.6	5873 - 5.3 / 6.6	9142 - 8.2 / 10.3	4506 - 3 / 3.8	5559 - 3.8 / 4.7	6643 - 4.5 / 5.6	7831 - 5.3 / 6.6	12189 - 8.2 / 10.3
10	326 247 1.5 / 3	837 556 2.2 / 3	872 - 3 / 3.7	1065 - 3.6 / 4.5	652 494 1.5 / 3	1267 1111 2.1 / 3	1715 - 2.9 / 3.6	2092 - 3.5 / 4.4	2473 - 4.2 / 5.2	2880 - 4.9 / 6.1	4295 - 7.3 / 9.1	1900 1667 2.1 / 3	2572 - 2.9 / 3.6	3139 - 3.5 / 4.4	3709 - 4.2 / 5.2	4320 - 4.9 / 6.1	6443 - 7.3 / 9.1	3429 - 2.9 / 3.6	4185 - 3.5 / 4.4	4946 - 4.2 / 5.2	5761 - 4.9 / 6.1	8590 - 7.3 / 9.1
11	244 186 1.5 / 3	526 418 2 / 3	779 - 2.9 / 3.6	947 - 3.5 / 4.4	489 371 1.5 / 3	1045 835 1.9 / 3	1531 - 2.9 / 3.6	1862 - 3.5 / 4.3	2192 - 4.1 / 5.1	2543 - 4.7 / 5.9	3741 - 7 / 8.7	1568 1253 1.9 / 3	2297 - 2.9 / 3.6	2793 - 3.5 / 4.3	3288 - 4.1 / 5.1	3815 - 4.7 / 5.9	5612 - 7 / 8.7	3063 - 2.9 / 3.6	3724 - 3.5 / 4.3	4385 - 4.1 / 5.1	5087 - 4.7 / 5.9	7483 - 7 / 8.7
12	187 143 1.5 / 3	424 322 1.7 / 3	674 628 2.7 / 3.4	853 - 3.5 / 4.3	374 286 1.5 / 3	848 643 1.7 / 3	1339 1256 2.7 / 3.4	1677 - 3.4 / 4.3	1969 - 4 / 5	2277 - 4.6 / 5.8	3314 - 6.7 / 8.4	1272 965 1.7 / 3	2088 1884 2.7 / 3.4	2515 - 3.4 / 4.3	2953 - 4 / 5	3415 - 4.6 / 5.8	4970 - 6.7 / 8.4	2678 2512 2.7 / 3.4	3354 - 3.4 / 4.3	3937 - 4 / 5	4553 - 4.6 / 5.8	6627 - 6.7 / 8.4
13	146 112 1.5 / 3	333 253 1.5 / 3	573 494 2.5 / 3.2	776 - 3.4 / 4.3	293 225 1.5 / 3	665 506 1.5 / 3	1139 968 2.5 / 3.1	1525 - 3.4 / 4.2	1786 - 3.9 / 4.9	2060 - 4.5 / 5.7	2973 - 6.5 / 8.2	958 759 1.5 / 3	1709 1482 2.5 / 3.1	2287 - 3.4 / 4.2	2679 - 3.9 / 4.9	3090 - 4.5 / 5.7	4460 - 6.5 / 8.2	2278 1976 2.5 / 3.1	3050 - 3.4 / 4.2	3572 - 3.9 / 4.9	4120 - 4.5 / 5.7	5946 - 6.5 / 8.2
14	116 90 1.5 / 3	265 203 1.5 / 3	493 396 2.3 / 3	675 648 3.2 / 4	233 180 1.5 / 3	531 405 1.5 / 3	981 791 2.3 / 3	1340 1296 3.2 / 4	1634 - 3.9 / 4.9	1881 - 4.5 / 5.6	2696 - 6.4 / 8	796 608 1.5 / 3	1471 1187 2.3 / 3	2010 1944 3.2 / 4	2451 - 3.9 / 4.9	2822 - 4.5 / 5.6	4043 - 6.4 / 8	1961 1582 2.3 / 3	2681 2593 3.2 / 4	3268 - 3.9 / 4.9	3762 - 4.5 / 5.6	5391 - 6.4 / 8
15	94 73 1.5 / 3	215 165 1.5 / 3	423 322 2.2 / 3	587 527 3 / 3.7	188 146 1.5 / 3	430 329 1.5 / 3	846 643 2.2 / 3	1166 1054 3 / 3.7	1502 - 3.8 / 4.8	1730 - 4.4 / 5.5	2465 - 6.3 / 7.8	645 494 1.5 / 3	1269 965 2.2 / 3	1749 1581 3 / 3.7	2253 - 3.8 / 4.8	2595 - 4.4 / 5.5	3698 - 6.3 / 7.8	1692 1286 2.2 / 3	2332 2108 3 / 3.7	3004 - 3.8 / 4.8	3461 - 4.4 / 5.5	4930 - 6.3 / 7.8
16	77 60 1.5 / 3	176 136 1.5 / 3	347 265 1.9 / 3	515 434 2.8 / 3.5	154 121 1.5 / 3	352 271 1.5 / 3	695 530 1.9 / 3	1023 868 2.8 / 3.5	1318 1296 3.6 / 4.5	1602 - 4.4 / 5.4	2271 - 6.2 / 7.7	529 407 1.5 / 3	1042 795 1.9 / 3	1534 1303 2.8 / 3.5	1978 1944 3.6 / 4.5	2403 - 4.4 / 5.4	3406 - 6.2 / 7.7	1390 1060 1.9 / 3	2046 1737 2.8 / 3.5	2637 2593 3.6 / 4.5	3204 - 4.4 / 5.4	4541 - 6.2 / 7.7
17	63 50 1.5 / 3	146 113 1.5 / 3	289 221 1.7 / 3	455 362 2.6 / 3.3	127 101 1.5 / 3	292 226 1.5 / 3	577 442 1.7 / 3	905 724 2.6 / 3.3	1166 1081 3.4 / 4.2	1459 - 4.2 / 5.3	2104 - 6.1 / 7.6	438 339 1.5 / 3	866 663 1.7 / 3	1357 1086 2.6 / 3.3	1749 1621 3.4 / 4.2	2188 - 4.2 / 5.3	3157 - 6.1 / 7.6	1155 884 1.7 / 3	1809 1448 2.6 / 3.3	2332 2161 3.4 / 4.2	2917 - 4.2 / 5.3	4209 - 6.1 / 7.6
18	53 42 1.5 / 3	122 95 1.5 / 3	242 186 1.5 / 3	408 305 2.5 / 3.1	106 85 1.5 / 3	245 191 1.5 / 3	485 372 1.5 / 3	799 610 2.5 / 3.1	1038 910 3.2 / 4	1299 1296 4 / 5	1961 - 6 / 7.5	367 286 1.5 / 3	727 558 1.5 / 3	1199 915 2.5 / 3.1	1558 1366 3.2 / 4	1949 1944 4 / 5	2941 - 6 / 7.5	969 744 1.5 / 3	1599 1220 2.5 / 3.1	2077 1821 3.2 / 4	2598 2593 4 / 5	3921 - 6 / 7.5
19	44 36 1.5 / 3	103 81 1.5 / 3	205 158 1.5 / 3	339 259 2.2 / 3	89 72 1.5 / 3	207 162 1.5 / 3	410 316 1.5 / 3	678 519 2.2 / 3	930 774 3 / 3.8	1164 1102 3.8 / 4.7	1835 - 5.9 / 7.4	310 243 1.5 / 3	615 475 1.5 / 3	1017 778 2.2 / 3	1396 1161 3 / 3.8	1748 1653 3.8 / 4.7	2753 - 5.9 / 7.4	821 633 1.5 / 3	1355 1037 2.2 / 3	1861 1548 3 / 3.8	2328 2204 3.8 / 4.7	3670 - 5.9 / 7.4
20	36 31 1.5 / 3	86 69 1.5 / 3	175 136 1.5 / 3	290 222 2 / 3	75 62 1.5 / 3	176 139 1.5 / 3	350 271 1.5 / 3	579 445 2 / 3	838 664 2.9 / 3.6	1049 945 3.6 / 4.5	1724 - 5.9 / 7.3	264 208 1.5 / 3	525 407 1.5 / 3	869 667 2 / 3	1257 996 2.9 / 3.6	1573 1418 3.6 / 4.5	2587 - 5.9 / 7.3	700 543 1.5 / 3	1158 889 2 / 3	1676 1327 2.9 / 3.6	2098 1890 3.6 / 4.5	3449 - 5.9 / 7.3
22	27 23 1.5 / 3	65 52 1.5 / 3	130 102 1.5 / 3	216 167 1.6 / 3	55 45 1.5 / 3	130 104 1.5 / 3	260 204 1.5 / 3	432 334 1.6 / 3	649 499 2.5 / 3.1	864 710 3.3 / 4.1	1494 - 5.6 / 7	195 157 1.5 / 3	393 306 1.5 / 3	647 501 1.6 / 3	974 748 2.5 / 3.1	1296 1065 3.3 / 4.1	2241 - 5.6 / 7	520 408 1.5 / 3	863 668 1.6 / 3	1298 997 2.5 / 3.1	1728 1420 3.3 / 4.1	2988 - 5.6 / 7
24	20 18 1.5 / 3	49 40 1.5 / 3	99 79 1.5 / 3	165 129 1.5 / 3	41 35 1.5 / 3	98 80 1.5 / 3	198 157 1.5 / 3	329 257 1.5 / 3	496 384 2.1 / 3	711 547 2.9 / 3.7	1252 - 5.1 / 6.4	147 121 1.5 / 3	297 236 1.5 / 3	494 386 1.5 / 3	745 576 2.1 / 3	1067 820 2.9 / 3.7	1878 - 5.1 / 6.4	395 314 1.5 / 3	659 515 1.5 / 3	993 768 2.1 / 3	1423 1094 2.9 / 3.7	2504 - 5.1 / 6.4
26	15 14 1.5 / 3	37 32 1.5 / 3	77 62 1.5 / 3	128 101 1.5 / 3	30 28 1.5 / 3	75 63 1.5 / 3	153 124 1.5 / 3	256 202 1.5 / 3	387 302 1.8 / 3	556 430 2.5 / 3.1	1063 1020 4.7 / 5.9	112 95 1.5 / 3	230 185 1.5 / 3	384 304 1.5 / 3	581 453 1.8 / 3	834 645 2.5 / 3.1	1595 1529 4.7 / 5.9	306 247 1.5 / 3	512 405 1.5 / 3	774 604 1.8 / 3	1112 860 2.5 / 3.1	2126 2039 4.7 / 5.9
28	11 11 1.5 / 3	29 25 1.5 / 3	60 49 1.5 / 3	101 81 1.5 / 3	23 23 1.5 / 3	58 51 1.5 / 3	120 99 1.5 / 3	202 162 1.5 / 3	307 242 1.5 / 3	442 344 2.2 / 3	913 816 4.4 / 5.5	87 76 1.5 / 3	180 148 1.5 / 3	303 243 1.5 / 3	460 363 1.5 / 3	662 517 2.2 / 3	1370 1224 4.4 / 5.5	240 198 1.5 / 3	405 324 1.5 / 3	614 484 1.5 / 3	883 689 2.2 / 3	1827 1633 4.4 / 5.5
30	9 - 1.5 / 3	23 21 1.5 / 3	48 40 1.5 / 3	81 66 1.5 / 3	17 - 1.5 / 3	46 41 1.5 / 3	96 80 1.5 / 3	162 132 1.5 / 3	246 197 1.5 / 3	356 280 1.9 / 3	793 664 4.1 / 5.1	68 62 1.5 / 3	143 121 1.5 / 3	243 198 1.5 / 3	370 295 1.5 / 3	533 420 1.9 / 3	1189 996 4.1 / 5.1	191 161 1.5 / 3	324 263 1.5 / 3	493 393 1.5 / 3	711 560 1.9 / 3	1585 1327 4.1 / 5.1

- Total Load values are limited by shear, moment or deflection equal to L/180. Total Load values are the capacity of the beam in addition to its own weight.
- Live Load values are limited by deflection equal to L/240.
- Both the Total Load and Live Load values must be checked. Where a Live Load value is not shown, the Total Load value will control.
- Table values apply to either simple or multiple span beams. Span is measured center to center of supports. Analyze multiple span beams with the BC CALC® software if the length of any span is less than half the length of an adjacent span.
- Table values assume that lateral support is provided at each support and continuously along the compression edge of the beam.
- Table values for Minimum Required Bearing Lengths are based on the allowable compression design value perpendicular to grain for the beam and the Total Load value shown. Other design considerations, such as a weaker support material, may warrant longer bearing lengths. Table values assume that support is provided across the full width of the beam.
- 14" members deeper than 14 inches are to be used as multiple-ply beams only.
- This table was designed to apply to a broad range of applications. It may be possible to exceed the limitations of this table by analyzing a specific application with the BC CALC® software.

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

Contractor: Tom Stroehmer
Address: 977 Midvale Ave
Bricktown
Phone #: 732 447 7930
Lis #: Home owner
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	8
Heat Detectors	1 C.O.
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	1
Wood Burning Stove	
Wood Fireplace	
Other:	

Estimated Cost of Fire Work 100

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

Site Location: 977 Midvale Ave
Block: ~~15,16,17,18~~ 527.20 Lot: 15,16,17,18
Owner's Name: Tom and Francine Stroehmer
Owner's Mailing Address: Same as Above
Phone: [redacted]

BUILDING

Contractor: Ted Rolle
Address: 47 ATLantis BLVD
Little Egg Harbor NJ 08087
Phone#: 609 294 0113
Lis #
Federal Emp # or S [redacted]

Technical Data

Description of Work:

2nd Flr Addn.

Type of Work

___	New Building	___	Siding
X	Addition	___	Fence
___	Alteration	___	Pool
___	Roofing	___	Demolition
___	Asbestos Abatement	___	Sign 220 sq ft
___	Fireplace wd/gas		

Building Characteristics

Use Group Present: Res Proposed: Res
No of Stories: 2
Height of Structure: 17'
Area of the largest floor:
Area of New Structure: 220 Sq Ft
Volume of New Structure:
Total Land Disturbed: 0

Cost of Alteration: $ 13,000.00
Cost of New Building: $
Cost of Site Work $
Total Cost of New Building Work: $ X 13,000.00

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: Tom
Address: 977 Midvale Ave
Brick Town NJ 08723
Phone#: 732-477-7930
Lis #: Home Owner
Federal Emp # or SSN

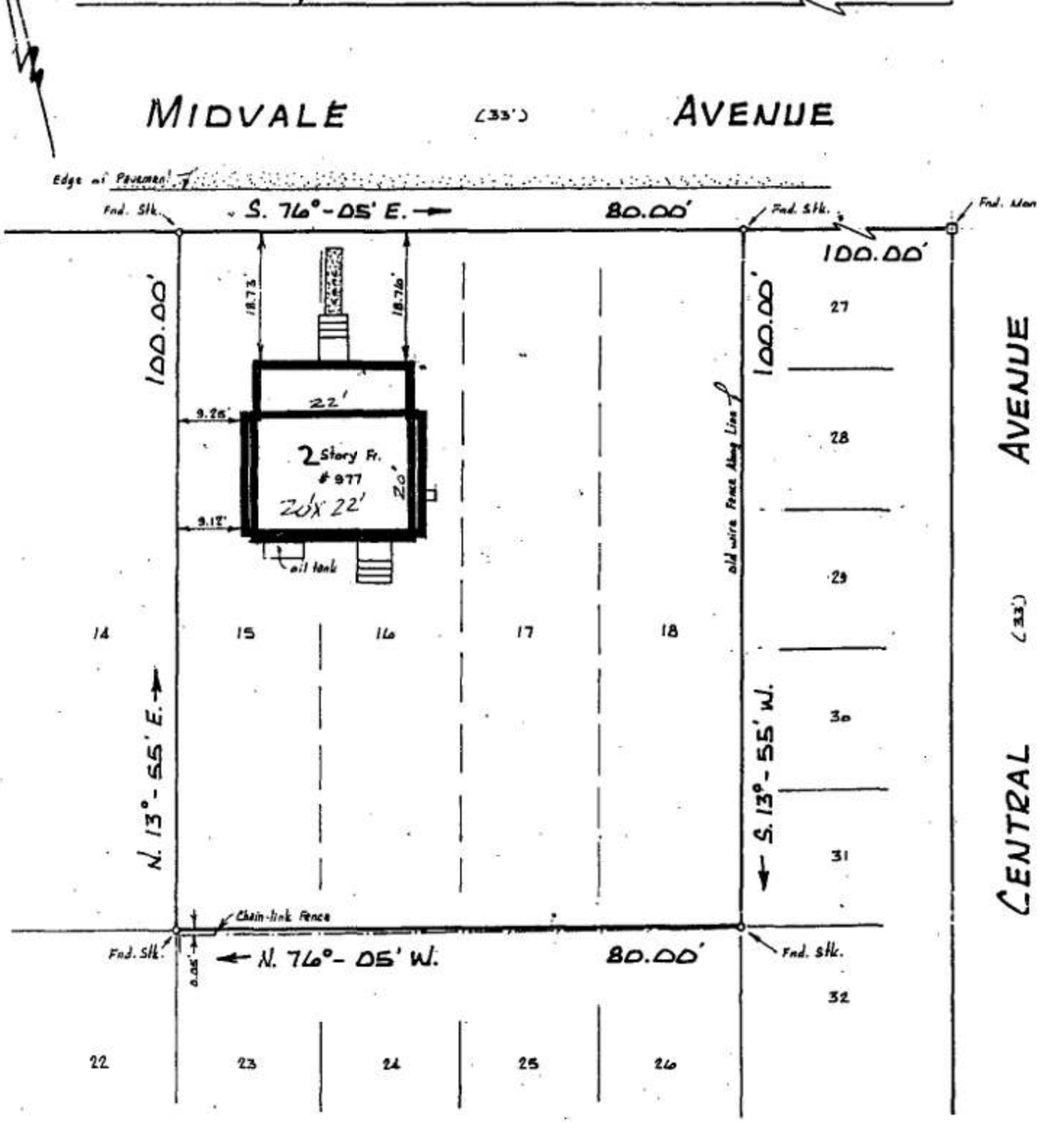
Technical Data

Item	Quantity
Lighting Fixtures	0
Receptacles	4
Switches	0
Detectors	2 Smoke, Carbondioxide
Light Poles	0
Motors w/ Fract. HP	0
Emergency & Exit Lights	0
Communication Points	0
Alarm Devices/FAC Panel	
Total	6

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: $500.-

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.



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

Est 1945

GEORGE W. HENN, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
PROFESSIONAL PLANNERS
73 MANTOLOKING ROAD
BRICK TOWN, N. J. 08723
477-6500

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