BLOCK 527 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 977 Midvale Ave PERMIT NO. 07-1441

# CONSTRUCTION PERMIT APPLICATION

07-001979

**Applicant 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: Tom + Francine Stahler [redacted]
   Address Same (street) (municipality) (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: R.H.I. Professional Cont. Inc. Tel. (732) 625-8188
   Address 142 Patterson Road Rt Freehold NJ 07728
   License No. OR, if new home, Builder Reg. No. 13VH00089300 Exp. Date 12-31-07
   Federal Employee No. 22-3629221 FAX: (732) 625-8440
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Robert Klaus
   Tel. (732) 814-4044 FAX: (732) 625-8440

Addition: Living room, Bedroom, Bath

## V. FEE SUMMARY (for office use only)

| | | | Update | Update |
|---|---|---|---|---|
| 1. | Building | $ 95 ✓ | 50 | |
| 2. | Electrical | 40 ✓ | | |
| 3. | Plumbing | 40 ✓ | | |
| 4. | Fire Protection | 45 ✓ | | |
| 5. | Elevator Devices | | | |
| 6. | Subtotal | $ 9 | 1 | |
| 7. | Less 20% for State Plan Review | | | |
| 8. | Subtotal | $ | | |
| 9. | State Permit Fee Surcharge | | | |
| 10. | Subtotal | $ 25 | | |
| 11. | Cert. of Occupancy | | | |
| 12. | Other ZA FGP | 60 | | |
| 13. | TOTAL | $ 304 | 51 | |

## VI. BUILDING/SITE CHARACTERISTICS

| | | | (office use only) |
|---|---|---|---|
| 1. | Number of Stories | 1 | |
| 2. | Height of Structure | 16'4" ft. | |
| 3. | Area — Largest Floor | 440 sq. ft. | |
| 4. | New Building Area | 440 sq. ft. | |
| 5. | Volume of New Structure | 3580 cu. ft. | |
| 6. | Construction Classification | 5B | |
| 7. | Total Land Area Disturbed | 440 sq. ft. | |
| 8. | Flood Hazard Zone | | |
| 9. | Base Flood Elevation | ft. | |
| 10. | Wetlands yes | | |
| | no | | |
| 11. | Max. Live Load | | |
| 12. | Max. Occupancy Load | | |

## II. PROPOSED WORK

**OPTIONAL** (for office use only)

| | | Est. Cost | Plans Rec'd by | Date Recd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. | ☐ Minor Work | | | | | | | | | |
| 2. | ☐ New Building | | | | | | | | | |
| 3. | ☑ Addition | 35000 | | | | | | | | |
| 4. | ☐ a. Repair | | | | | | | | | |
| | ☐ b. Alteration | | | | | | | | | |
| | ☐ c. Renovation | | | | | | | | | |
| | ☐ d. Reconstruction | | | | | | | | | |
| 5. | ☑ Fire Protection | 500 | | | | 5/15/07 | OB | 8-29-07 | | |
| 6. | ☑ Plumbing | 3500 | | | | 5/21/07 | | 8-10-07 | | |
| 7. | ☑ Electrical | 1500 | | | | 5/2/07 | | 8-24-07 | | |
| 8. | ☐ Elevator Devices | | | | | | | | | |
| 9. | ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. | ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. | ☐ Demolition | | | | | | | | | |
| | TOTAL COSTS | 40500 | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: R-75
2. Use Group: R-5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction 1
   After Construction 1
   Net Gain or Loss 0

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

## III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

## IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

| | |
|---|---|
| Date Issued | 07/22/2008 |
| Control Number | C-07-001979 |
| Permit Number | 07-1441 |
| Permit Issue Date | 05/25/2007 |
| Certificate Number | 07-1441 |

# Certificate

Construction Code Division

(Certificate of Occupancy)

## Identification

Work Site Location: 977 MIDVALE AVE. Brick Township, NJ Block: 527 Lot: 15 Qual:

Owner in Fee: STROEHMER, THOMAS ERIC & FRANCES

Owner Address: 977 MIDVALE AVE BRICK NJ 08723

Telephone: [redacted]

Contractor [illegible]NAL CONTR INC

Address 142 PTTENGER POND ROAD FREEHOLD NJ 07729

Telephone: (732) 625-8188 Fax: (732) 625-8440

License Number or Builders Registration Number: 13VH00089300 Federal Emp. Number: 22-3629221

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RESIDENTIAL ADDITION

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period ( years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period ( years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
**Conditions to be met:**

Construction Official

Fee: $35.00
Check Number: 1480
Collected By: Inspection Account

*Date Printed: 07/22/2008* U.C.C. F260 (rev. 08/05)

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued 7/3/07
Permit # 07-1441 +A 08+03136

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

Block 527.08 Lot 15 Qualification Code

Work Site Location 977 Midvale Ave

Owner in Fee Tom + Fancine Strocher
Address 977 Midvale Ave
Brick NJ 08724
Tel [redacted]

Contractor Don Alexander Electrical
Address 1597 N Bay Ave
Toms River N.J.
Tel (732) 341-8609 FAX (732) 797-0654
Contractor License No. 7367
Federal Emp. No. [redacted]

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500 —

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant's Signature/Contractor's Seal and Signature

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

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | 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 | |
| 1 | 150 | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date: 6/27/07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7/2/07
Approved by:

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 7/20/07 | |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

Over

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 05/25/07
Control #
Date Issued
Permit # 07-1411

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

Block 527 Lot 15 Qualification Code 58

Work Site Location 977 Midvale Ave
Brick NJ 08723

Owner in Fee Tom & Francine Strohmer

Address Same

Tel [redacted]

Contractor Donald Alexander Electrical

Address 1597 N Bay Ave
Toms River NJ

Tel (732) 341-8609 FAX (732) 797-0654
7214

Contractor License No. [redacted]

Federal Emp. No.

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1500

**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 stated on this application.

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) |
|---|---|---|---|
| 7 | | Lighting Fixtures | |
| 15 | | Receptacles | |
| 9 | | Switches | |
| 2 | | Detectors | |
| | | Light Poles | |
| 2 | FAN | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| 29 | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| 1 | 30 amp | ~~KW Elec. Dryer~~/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |
| | | | |

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

| | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| Joint Plan Review Required: | | |
| [ ] Building [ ] Plumbing | | |
| [X] Fire [ ] Elevator | | |
| [X] Elec. Plans Approved | 5/25/07 | |

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 5/29/07

Approved by:

INSPECTIONS

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | 7/6/07 | | 7/6/07 | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 8/4/07 | |
| Barrier-Free | | | | |

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification



Over

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

05-2507
07-1411

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

Block 527, Lot 15 Qualification Code 5B
Work Site Location 977 Midvale Ave

Owner in Fee Tom & Francine Strocner
Address 977 Midvale Ave
Bath
Tel [redacted]
Contractor Dykstra P & H
Address 14 Bayshore Dr
TR NJ
Tel (732) 270 6066 FAX ( )
Contractor License No. 10224
Federal Emp. No. [redacted]

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 4200

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5/21/07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-12-07
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | 7/11/07 | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | 8-24-07 | | 9/3/07 | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| | | | | |
| | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

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

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

**D. TECHNICAL SITE DATA (List of all fixtures.)**

| NO. | FIXTURE/EQUIPMENT |
|---|---|
| 1 | Water Closet |
| | Urinal/Bidet |
| | Bath Tub |
| 1 | Lavatory |
| 1 | Shower |
| | Floor Drain |
| 1 | Sink |
| | Dishwasher |
| | Drinking Fountain |
| 1 | Washing Machine |
| | Hose Bibb |
| | Water Heater |
| | Fuel Oil Piping |
| | Gas Piping |
| | LPGas Tank |
| | Steam Boiler |
| | Hot Water Boiler |
| | Sewer Pump |
| | Interceptor/Separator |
| | Backflow Preventer |
| | Greasetrap |
| | Sewer Connection |
| | Water Service Connection |
| 1 | Stacks Vent |
| | Other |
| | Other |

FEE (Office Use Only)

| | |
|---|---|
| $ | |
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| State Permit Surcharge Fee | $ |
| TOTAL FEE | $ |

Pex
H2O
3/4" one Hose B.B

U.C.C. F130 (rev. 01/04)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 05-25-07
Control #
Date Issued
Permit # 07-1441

**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 SB
Work Site Location 977 Middle Ave

Owner in Fee Tom & Francine ~~Strochner~~ Strochner
Address 977 Middle Ave

Tel. ( [redacted]

Contractor R.H.E. Professional Contracting Inc
Address 142 Pittsford Road Rd
Freehold NJ 07728

Tel. (732) 814-4044 FAX (732) 625-8440
Contractor License No. or Builder Registration No. 13VH00089300
Federal Emp. No 22-3625281

**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

Addition

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [X] All | 5-15-07 | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-27-07
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval (Dates Month/Day) | Initial |
|---|---|---|---|---|
| Footing | | | 6/1/07 | |
| Footing Bonding | | | | |
| Foundation | | | 6/8/07 | |
| ~~Slab~~ OB Partial | | | 6/13/07 | |
| Frame | | | 6/14/07 | |
| Truss Sys./Bracing | | | | |
| ~~Barrier Free~~ OB Balance | | | 6/14/07 | |
| Insulation | | | 7/18/07 | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy SH | | | 6/25/07 | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 08/29/07 | |
| Barrier-Free | | | | |

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

**B. BUILDING CHARACTERISTICS**

| | Present | Proposed |
|---|---|---|
| Use Group | | |
| Constr. Class | SB | SB |
| No. of Stories | 1 | |
| Height of Structure | 16.4 Ft. | |
| Area — Largest Floor | 440 Sq. Ft. | |
| New Bldg. Area/All Floors | 440 Sq. Ft. | |
| Volume of New Structure | 3520 Cu. Ft. | |
| Total Land Area Disturbed | 440 Sq. Ft. | |

**Est. Cost of Bldg. Work:**
1. New Bldg. $ 40,000
2. Rehabilitation $ _____
3. Total (1+ 2) $ 40,000

U.C.C. F110 (rev. 07/03)

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

PERMIT # 07-1441 LOT: 15 BLOCK: 527

## C. WALL FRAMING

### 1. EXTERIOR WALL FRAME:

| 1ST | 2ND | 3RD | FLOOR |
|---|---|---|---|
| ☑ I | B I | B I | SIZE |
| ☑ I | B I | B I | SPACE |
| ☑ I | B I | B I | SPECIES AND GRADE |
| ☑ I | B I | B I | CUTTING, NOTCHING, AND BORING |
| ☑ I | B I | B I | HEADER SIZES |
| I I | B I | B I | JACK STUD BEARING |
| TOP PLATES | | | |
| B I | B I | B I | NAILING |
| ☑ I | B I | B I | LAPS |
| ☑ I | B I | B I | RAFTER TIES |
| ☑ I | B I | B I | HURRICANE STRAPS (AS REQUIRED) |

### 2. INTERIOR LOAD-BEARING WALLS:

| 1ST | 2ND | 3RD | FLOOR |
|---|---|---|---|
| ☑ I | B I | B I | SIZE |
| ☑ I | B I | B I | SPACE |
| ☑ I | B I | B I | LAYOUT - SUPPORT BELOW PER CODE |
| ☑ I | B I | B I | SPECIES AND GRADE |
| ☑ I | B I | B I | CUTTING, NOTCHING, AND BORING |
| ☑ I | B I | B I | FIRE BLOCKING |
| ☑ I | B I | B I | HEADER SIZES |
| ☑ I | B I | B I | JACK STUD BEARING |
| TOP PLATES | | | |
| ☑ I | B I | B I | NAILING |
| ☑ I | B I | B I | LAPS |
| ☑ I | B I | B I | STRAPPING |

### 3. INTERIOR NON-LOAD-BEARING WALLS:

| 1ST | 2ND | 3RD | FLOOR |
|---|---|---|---|
| B I | B I | B I | SIZE |
| B I | B I | B I | SPACE |
| B I | B I | B I | SPECIES AND GRADE |
| B I | B I | B I | CUTTING, NOTCHING, AND BORING |
| B I | B I | B I | FIRE BLOCKING |
| B I | B I | B I | HEADER SIZES |
| B I | B I | B I | TOP PLATE NAILING |

## D. ROOF FRAMING

### 1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

- B I LAYOUT PLANS
- B I TRUSS MEMBERS
- B I CONNECTION SCHEDULE
- B I PERMANENT BRACING DETAILS
- B I DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
- B I EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS

- B I LOCATION AS PER LAYOUT
- B I ALIGNMENT
- B I BEARING
- B I SPACING
- B I CONNECTIONS TO BEARING POINTS
- B I NO CONNECTION TO NON-BEARING POINTS
- B I DAMAGE AND DEFECTS
- B I ENGINEERED METHOD OF REPAIR

### 2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

- B I LAYOUT
- B I SIZE
- B I TYPE
- B I NAILING
- B I OVERLAP
- B I TERMINATION
- B I TRANSITION (I.E., CROSS) BRACING

### 3. GABLE END BRACING (AS PER DESIGN):

- B I LAYOUT
- B I SIZE
- B I TYPE
- B I NAILING
- B I OVERLAP
- B I TERMINATION

### 4. SOLID SAWN ROOF FRAMING:

- B I SIZE
- B I GRADES, SPECIES

LAYOUT

- B I SPACING
- B I SPAN
- B I BEARING
- B I FASTENING
- B I DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- B I CUTTING, NOTCHING, AND BORING
- B I BRIDGING
- B I RIDGE SIZE
- B I HURRICANE TIES WHERE APPLICABLE

## E. SHEATHING

### 1. SHEATHING - EXTERIOR WALLS:

MATERIAL

- ☑ I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- B I GAPPING
- B I LAYOUT
- B I CORNER BRACING (IF REQUIRED)

### 2. SHEATHING - ROOF:

MATERIAL

- ☑ I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- ☑ I BLOCKING, EDGE (IF REQUIRED)
- ☑ I CLIPS (IF REQUIRED)
- B I GAPPING
- B I LAYOUT

SHEATHING, FRT - ROOF

- B I FOUR FEET FROM FIREWALL
- B I NONCORROSIVE FASTENERS

U.C.C. F390-2 (01/06)

Initials: Resp. Person in Charge of Work _____ Building Inspector _____

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 07-144

05-25-07

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

Block 527.04 Lot 15 Qualification Code

Work Site Location 977 Millvale Ave

Owner in Fee Tom & Francine Strochmer

Address 977 Millvale Ave

[redacted]

Tel [redacted]

Contractor ~~Don Alexander Electrical~~ NHI

Address ~~1597 N Bay Ave~~ 14 Pittman Blvd Ste AL
~~Toms River NJ~~ Freehold NJ 07728

Tel ~~(732) 341-8609~~ 732-8144044 FAX ~~(732) 797-0654~~

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No. [redacted]

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

***Fuel Storage Tank:***

*Fuel Type: [ ] Flammable OR [ ] Combustible Capacity* _____

Total Cost of Fire Protection Work $ 1500

**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.

X _____
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**

**Water Supply Source** City Water

**Method of Alarm/Suppression System Supervision** _____

| | NUMBER | FEE (Office Use Only) |
|---|---|---|
| Flammable/Combustible Tanks | | |
| **Alarm Systems** | | |
| [ ] System | | |
| [ ] 110v Interconnected | | |
| [ ] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | 2 | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices _____ | | |
| TOTAL | | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other _____ | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fired Appliances [ ] Gas or [ ] Oil | | |
| Fireplace Venting/Metal Chimney | | |
| Other _____ | | |

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 5-15-07

Approved by: DB

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 8/27/07

Approved by: _____

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | 7/10 | | 8/7/07 | 08/10 |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | 8/9/07 | | 8/9/07 | 08/23/07 |
| Other _____ | | | | |

*R.H.I.*
*Professional Contracting Inc.*
*142 Pittenger Pond Rd.*
*Freehold NJ 07728*
*(732) 625-8188*

*Brick Township Building Dept.*
*Chambersbridge Rd.*
*Brick NJ 08724*

*May 14, 2007*

*RE: 977 Middle Ave., Brick NJ 08723*
*BL 527.20 LT 15*

*ATTN: Rich Orlando*

*New smoke detectors to be interconnected with existing, 1-CO detector on each floor within 10' of bedroom.*

*Robert G. Klaus*

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK: *527.00* LOT: *15*
SITE ADDRESS: *977 Midvale Ave.*
CONTROL #: *07-001979* WORK TYPE: *1st story addit.*
APPLICANT: *RHI Professional Cont. Inc.* PHONE # [redacted]
APPLICANT ADDRESS *142 Pittenger Pond Rd.* CITY/STATE/ZIP: *Freehold, NJ 07728*

MANDATORY DEVELOPER FEES

_X__ Residential is 1% Business Name:
___ Commercial is 2%
___ Waiver Signed for estimated Mandatory Development Fee

The estimated equalized assessed value: Residential *$ 72,800.00*
Commercial

*05/08/2007*
Date

The final equalized assessed value at the above referenced site is: Residential *$ 35,200.00*
Commercial

*09/17/2007*
Date

| | | | | |
|---|---|---|---|---|
| Prel. Fee (Res) | *$ 364.00* | Final Fee (Res) | *$ (12.00)* | *REFUND DUE* |
| Prel. Fee (Comm) | *$ -* | Final Fee (Comm) | *$ -* | *09/27/2007* |
| Waiver Fee(Res. Only) | | | | |
| Check # | *14106* | Check # | | |
| Date Paid | *05/10/2007* | Date Paid | | |
| Total Fee Paid (Res) | *$ 352.00* | | | |
| Total Fee Paid (Com) | *$ -* | | | |

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Authorized Signature – Township of Brick

# PERMIT UPDATE

Date Update Issued 07/03/2007
Control # C-07-003130
Permit # 07-1441+A

IDENTIFICATION Block: 527 Lot: 15 Qualifier
Work Site Location: 977 MIDVALE AVE, Brick Township, NJ
Owner in Fee STROEHMER, THOMAS ERIC & FRANCES
Address 977 MIDVALE AVE BRICK NJ 08723
Telephone: [redacted]

Contractor R H I PROFESSIONAL CONTR INC
Address 142 PTTENGER POND ROAD FREEHOLD NJ 07729
Telephone: (732) 625-8188
Lic. No. or Bldrs. Reg. No. 13VH00089300
Federal Employee. No. 22-3629221

**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:
SERVICE

**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** $500

Construction Official Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $50 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $1 |
| CO Fee | |
| Other | $0 |
| Total | $51 |
| Check No. | 14254 |
| Cash | $0 |
| Credit | $0 |
| Collected By | Stephanie Capozzi |

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.

# CONSTRUCTION PERMIT

Date Issued 5/25/2007
Control # C-07-001979
Permit # 07-1441

IDENTIFICATION Block: 527 Lot: 15 Qualifier
Work Site Location: 977 MIDVALE AVE. Brick Township, NJ
Owner in Fee STROEHMER, THOMAS ERIC & FRANCES
Address 977 MIDVALE AVE BRICK NJ 08723
Telephone: [redacted]

Contractor R H I PROFESSIONAL CONTR INC
Address 142 PTTENGER POND ROAD FREEHOLD NJ 07729
Telephone: (732) 625-8188
Lic. No. or Bldrs. Reg. No. 13VH00089300
Federal Employee. No. 22-3629221

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:
RESIDENTIAL ADDITION

**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** $43,420

Construction Official Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $95 |
| Electrical | $40 |
| Plumbing | $40 |
| Fire Protection | $45 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $9 |
| CO Fee | $35.00 |
| Other | $60 |
| Total | $324 |
| Check No. | 1480 |
| Cash | $0 |
| Credit | $0 |
| Collected By | Inspection Account |

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.

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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.

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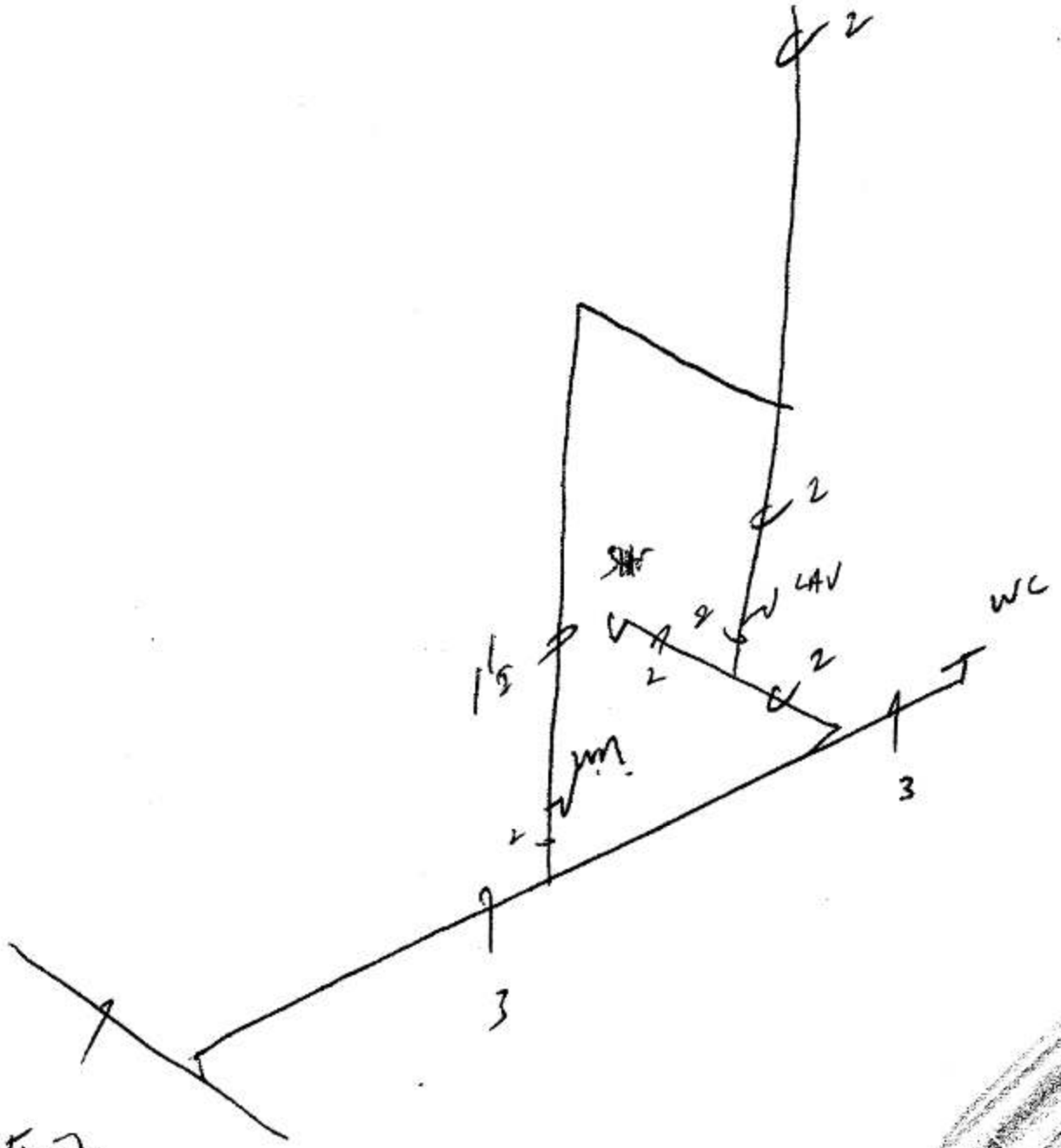
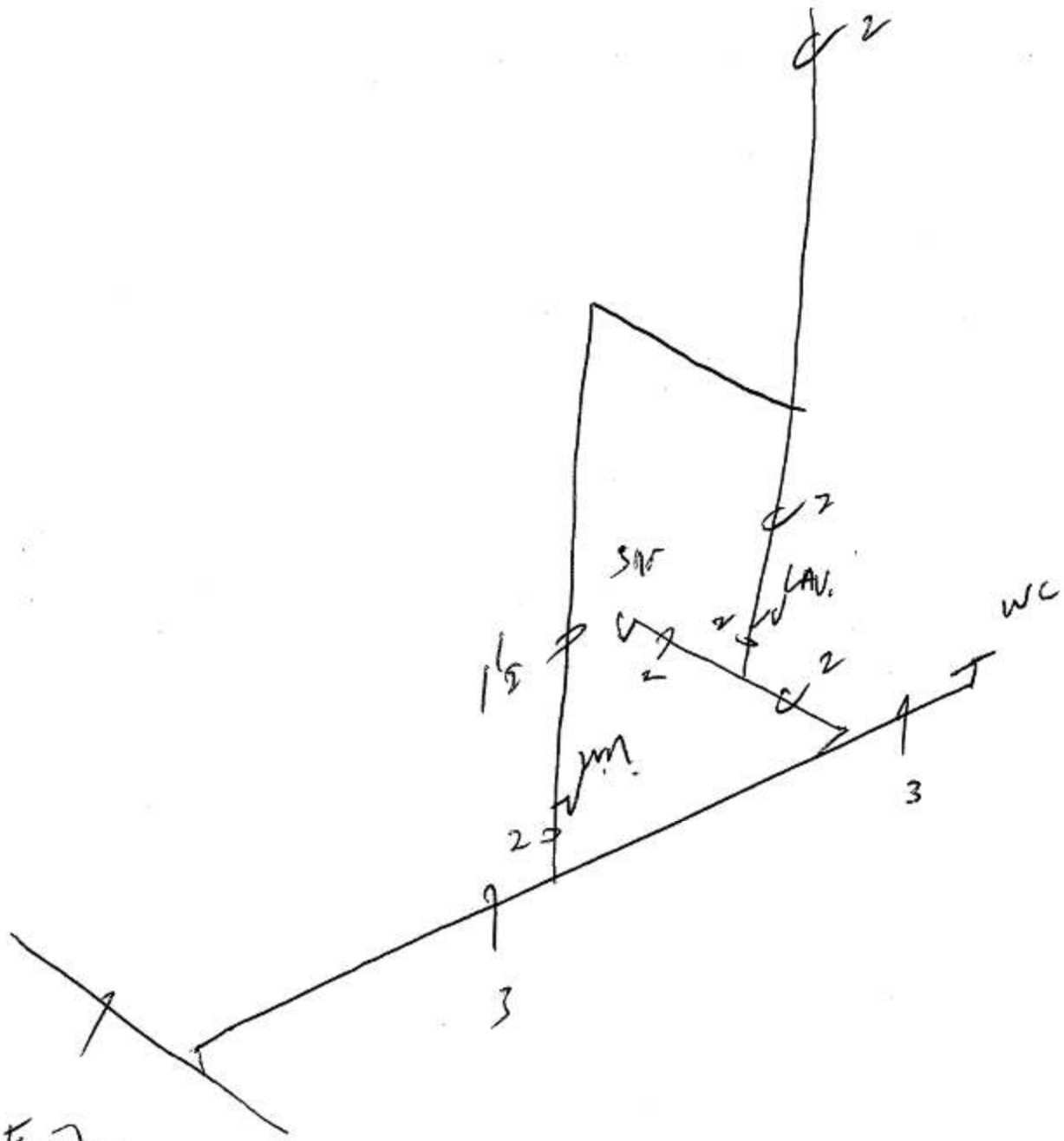
☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

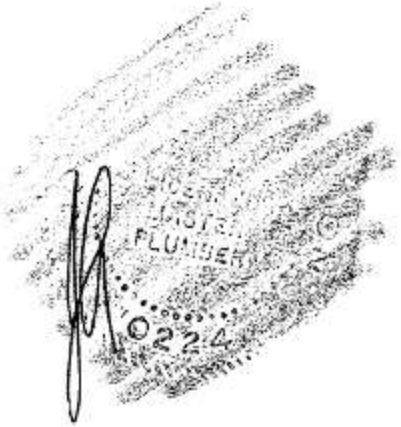



B 527.
L 18




B 527
L 18

Existing
Sewer



Bldg Elect Fire Plumbing ( Please mark subcode)

CONTROL NUMBER 001 979

Resubmit to Bldg 5/14/07 & Fire

# TOWNSHIP OF BRICK
## APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 977 Midvale

DATE REVIEWED: 5-11-07

REVIEWED BY: FM

CONTACT CALLED/FAXED: 477-7930 @ 3:15.

(1) ~~Distance From Grade To Bottom of Footings~~ ?

(2) Anchor Bolt material ? + spacing ?

(3) Distance From Crawl to underside of Floor Joist

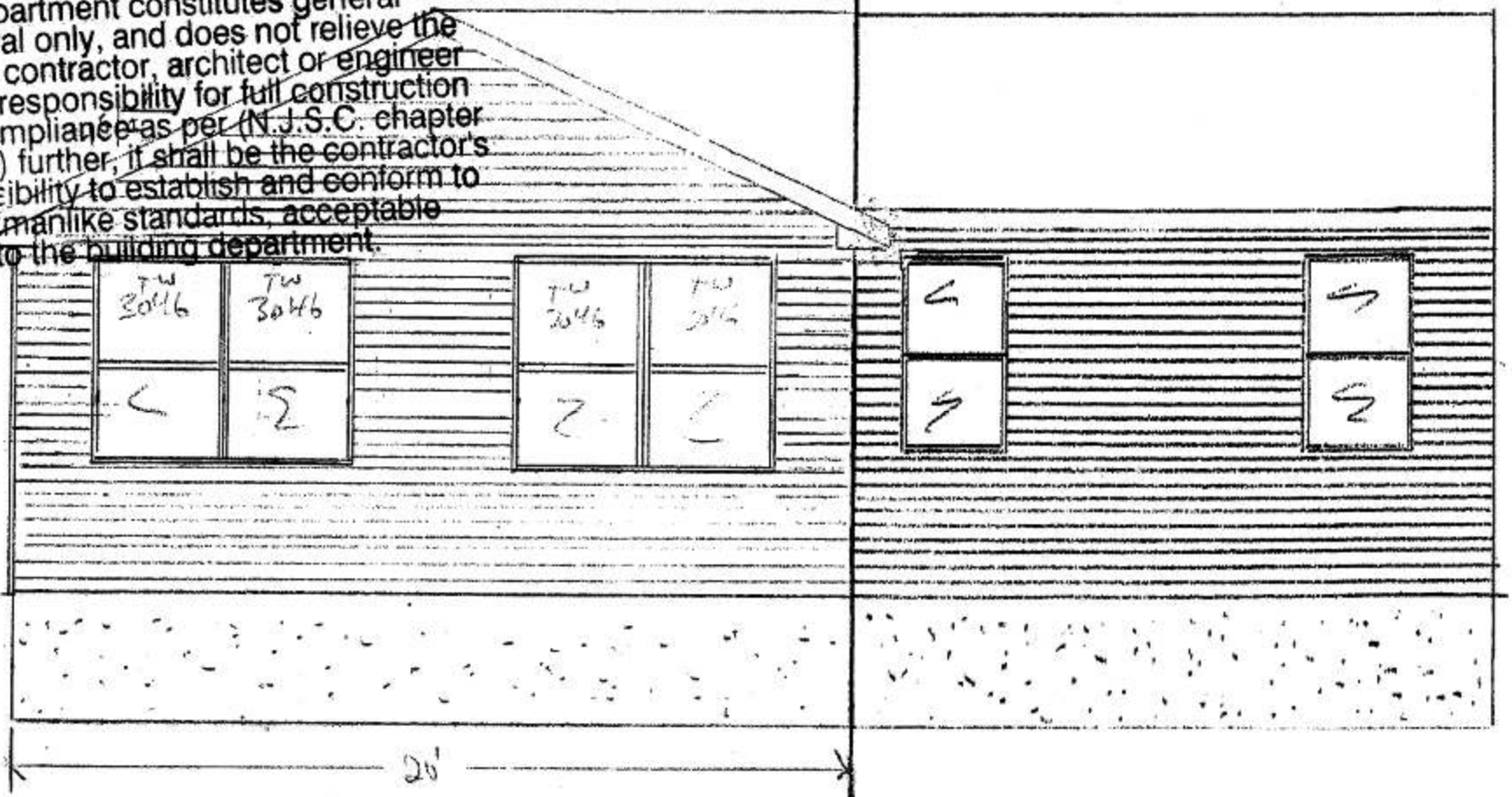
(4) Headers over windows + Doors ? Exterior

Frank/plan review template

Proposed 20'x22' Addition
Mr. & Mrs. Tom Stoerner B 527.01
977 Mikvale Ave L 15-M
Brick NJ 08723
James J. Stoerner

Brick Township
Plan Review Class Date By
Zoning addition 4/3/07
Plumbing 5/22/07
Building 5-15-07
Fire
Electrical 52507W

**Release of these prints by the building department constitutes general approval only, and does not relieve the owner, contractor, architect or engineer of sole responsibility for full construction code compliance as per (N.J.S.C. chapter 23 title 5) further, it shall be the contractor's responsibility to establish and conform to workmanlike standards, acceptable to the building department.**




Front Elevation — New — Existing

Proposed 20x28' Addition
Mr & Mrs Stromec B 527, 20
977 Midvale Ave L 15-17
Brick NJ 08723
Thomas J. Stromec

Brick Township

| | Class | Date | By |
|---|---|---|---|
| Plan Review | | | |
| Zoning | addition | 5/7 | |
| Plumbing | | 5/22/07 | |
| Building | | 5-15-07 | |
| Fire | | | |
| Electrical | | 5/25/07 | |