BLOCK 828.17 LOT 10-12 QUALIFICATION CODE ______ ADDRESS (SITE) ______ PERMIT NO. 3430-97

RECEIVED
SEP 23 1997
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1638 W. Princeton Ave 458-7088
2. Name of Owner in Fee: Leonard + Donna Tel. [redacted]
   Address 1638 W. Princeton Ave Brick
   street municipality zip code
3. Ownership in Fee: Public ______ Private ______ [redacted]
4. Principal Contractor: Self owner Te
   Address Same
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. ______ FAX: ( ) ______
5. Architect or Engineer ______ Tel. ( ) ______
   Address ______
6. Responsible Person in Charge of Work ______
   Tel. ( ) ______ FAX ( ) ______

Original Permit Expired

Re-Submitted Original Permit # 1440-90 Issued 10-11-90

Addition

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 35		
2.	Electrical			
3.	Plumbing	65		
4.	Fire Protection	35		
5.	Elevator Devices			
6.	Subtotal	$ 135		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	1		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 136		

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	1	
2.	Height of Structure	16 ft.	
3.	Area — Largest Floor	sq. ft.	
4.	New Building Area	500 sq. ft.	
5.	Volume of New Structure	cu. ft.	
6.	Construction Classification		
7.	Total Land Area Disturbed	500 sq. ft.	
8.	Flood Hazard Zone		
9.	Base Flood Elevation	ft.	
10.	Wetlands yes / no	no ✓	
11.	Max. Live Load		
12.	Max. Occupancy Load		

II. PROPOSED WORK

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		AS	9/23/97		10-14-97	FH			
3. ☒ Addition	43,380.00								
4. ☐ Alteration									
5. ☒ Fire Protection					11/10/97	[illegible]			
6. ☒ Plumbing					11/6/97	JC			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
- Before Construction 3
- After Construction 6
- Net Gain or Loss 3

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

LDS BR 10301915

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. (✓) Building C.2. (✓) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. (✓) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

CONSTRUCTION PERMIT

Date Issued 11/10/97
Control #
Permit # 3430-97

IDENTIFICATION Block 528.17 Lot 10-12

Work Site Location 1635 W Princeton Ct Contractor Home Made

Owner in Fee Scott L Address

Address Tele. ( ) Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No. or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Upgrade addition/alter

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 $ 5000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)			
Building	35	10 #	0.00
Plumbing	105	BUILDING	35.00
Electrical		PLUMBING	35.00
Fire Protection	35	FIRE	35.00
Other		D.C.A.	1.00
Other		TOTAL	136.00
DCA Training Fee		CHECK	136.00
Cert. of Occ.		CHANGE	0.00
Other 11/10/97	MI 5	00104005	4135
Total	136		
Check No.	2059		
Cash			
Collected By:	JA		

U.C.C. Form F-170C

(1) WHITE - OFFICE (2) CANARY - TAX ASSESSER (3) PINK - JACKET (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 work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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 Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/10/97
Date Issued
Control #
Permit # 3430-97

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

Block 528.17 Lot 10-12
Work Site Location 1635 W. Princeton Ave Brick, NJ
Owner in Fee Leonard + Donna Costa
Address 1635 W. Princeton Ave Brick NJ
Tele. [redacted]
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature Samuel Costa

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition
Bath + 2 bedroom
See Notes:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10-14-97	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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

[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure 16 Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 500 Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed 500 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 53000.00

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/1/95
Date Issued
Control #
Permit # 1911-95

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

Block 828.17 Lot 10-12
Work Site Location 1635 W. Princeton Ave
Brick, NJ
Owner in Fee [illegible] Costa
Address 1635 W. Princeton Ave
Brick NJ
Tele. ( ) [redacted]
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ______ or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[✓] All	9/28/95	[illegible]	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
No. of Stories
Height of Structure 16 Ft.
Area—Largest Floor ______ Sq. Ft.
Total Bldg. Area/All Floors 500 Sq. Ft.
Volume of Structure ______ Cu. Ft.
Total Land Area Disturbed 500 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 5300.00

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition
~~[illegible]~~ No Bath
2 Bedrooms

[illegible] 9/28/95

TYPE OF WORK:		(Office Use Only) FEE
[ ] New Building		$ 58.50
[✓] Addition		
[ ] Alteration		1
[ ] Roofing		1
[ ] Siding		
[ ] Other	4500	9.10
[ ] Demolition		
[ ] Miscellaneous		
[ ] Fence ______ Height		
[ ] Sign ______ Sq. Ft.		
[ ] Pool		
[ ] Elevator		
[ ] Asbestos Abatement		
[ ] Other		

Administrative Surcharge $
Paid [ ] Check # ______ Minimum Fee $
Collected by: ______ TOTAL FEE $

U.C.C. Form F-110A

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

Brick will call

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

Block _____ Lot _____
Work Site Location 1635 W. Princeton Avenue
Brick
Owner in Fee Costa
Address Same
Tele. ([redacted]
Contractor Same
Address _____
Tele. (____) _____
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept.

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
1		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
1		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
1		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-120A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 194

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

Block 928.1 Lot 10-12
Work Site Location 1625 W. Princeton Ave
Brick NJ
Owner in Fee Leonard + Donna Costa
Address 1625 W. Princeton Ave
Brick NJ
Tele. ([redacted]
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 3 16.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 8/25/90
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Add Bedrooms

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors See Note	1	
Heat Detectors on Plans		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Plan & Insp		20

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/10/97
Date Issued
Control #
Permit # 3430-97

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

Block 828.17 Lot 10-12
Work Site Location 1635 W. Princeton Ave

Owner in Fee Donna & Leonard Costa
Address same
Tele [redacted]
Contractor owner
Address same
Tele. (___) same
Lic. No.
Federal Emp. No. ___ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed ___
Constr. Class Present ___ Proposed ___
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ___
Location: ___
Total Est. Cost of Fire Prot. Work $ 300.00 [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 11/10/97
Approved by: JE
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

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

C. CERTIFICATION IN LIEU OF OATH

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

Ann L. Costa
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Additional Bedrooms

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	1	~~35~~
Heat Detectors		
TOTAL		~~35~~
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER ___		

Administrative Surcharge $ ___
Paid [ ] Check # ___ Minimum Fee $ 35
DCA Training Fee $ ~~10~~
Collected by: ___ TOTAL FEE $ ~~45~~

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11/10/97
Control #
Permit # 3430-97

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

Block 628.17 Lot 10-12
Work Site Location 1035 W. Princeton Ave
BRICK NJ
Owner in Fee LEONARD & DONNA COSTA
Address SAME
[redacted]
Tele. [redacted]
Contractor OWNER
Address SAME
Tele. ( ) SAME
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water 1 Private Well
Estimated Cost of Plumbing Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11/10/97
Approved by: JR

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
1				

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

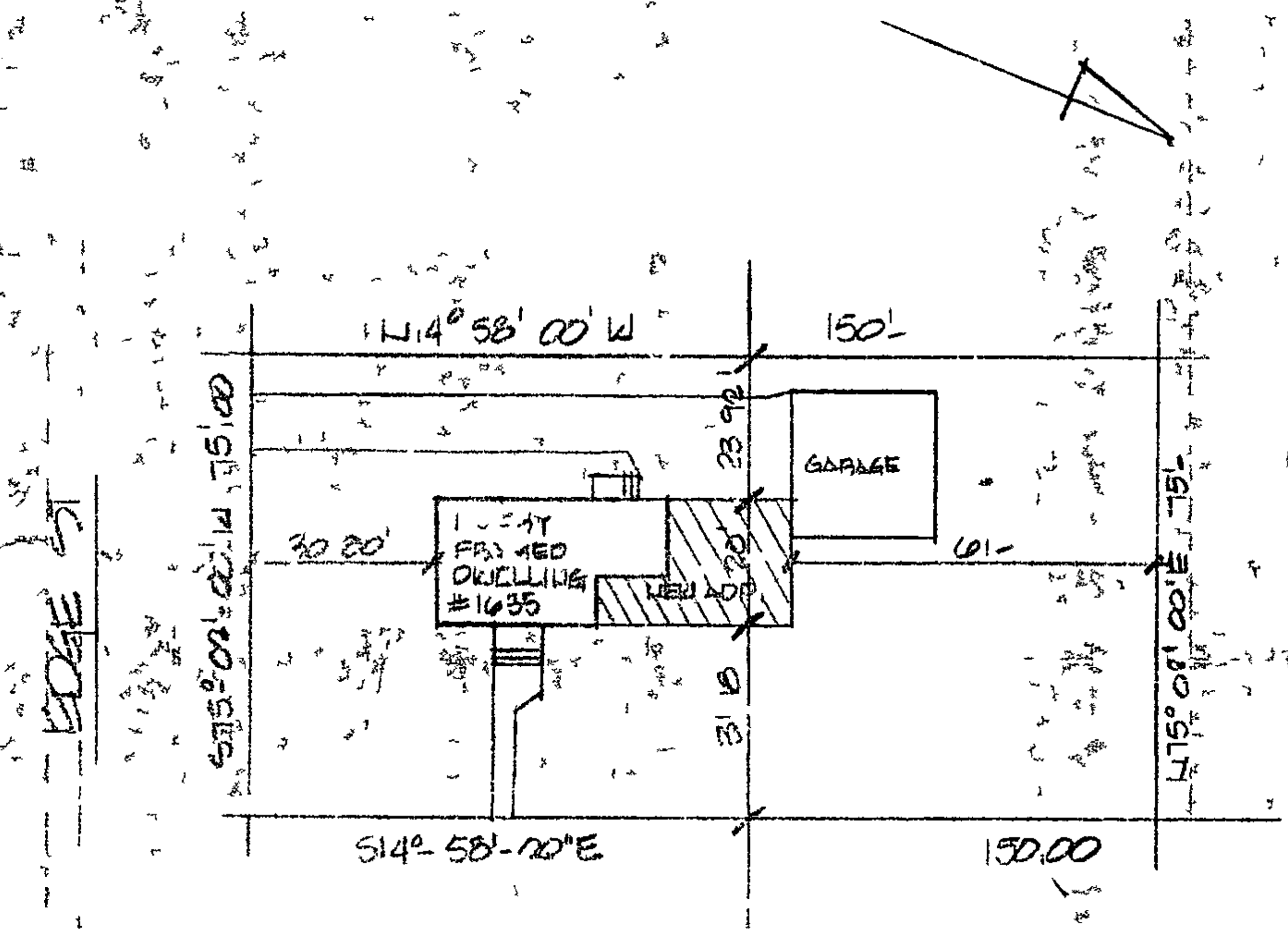
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	10
1	Shower	10
	Floor Drain	
1	Sink	10
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 65.00

U.C.C. Form F-130B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy



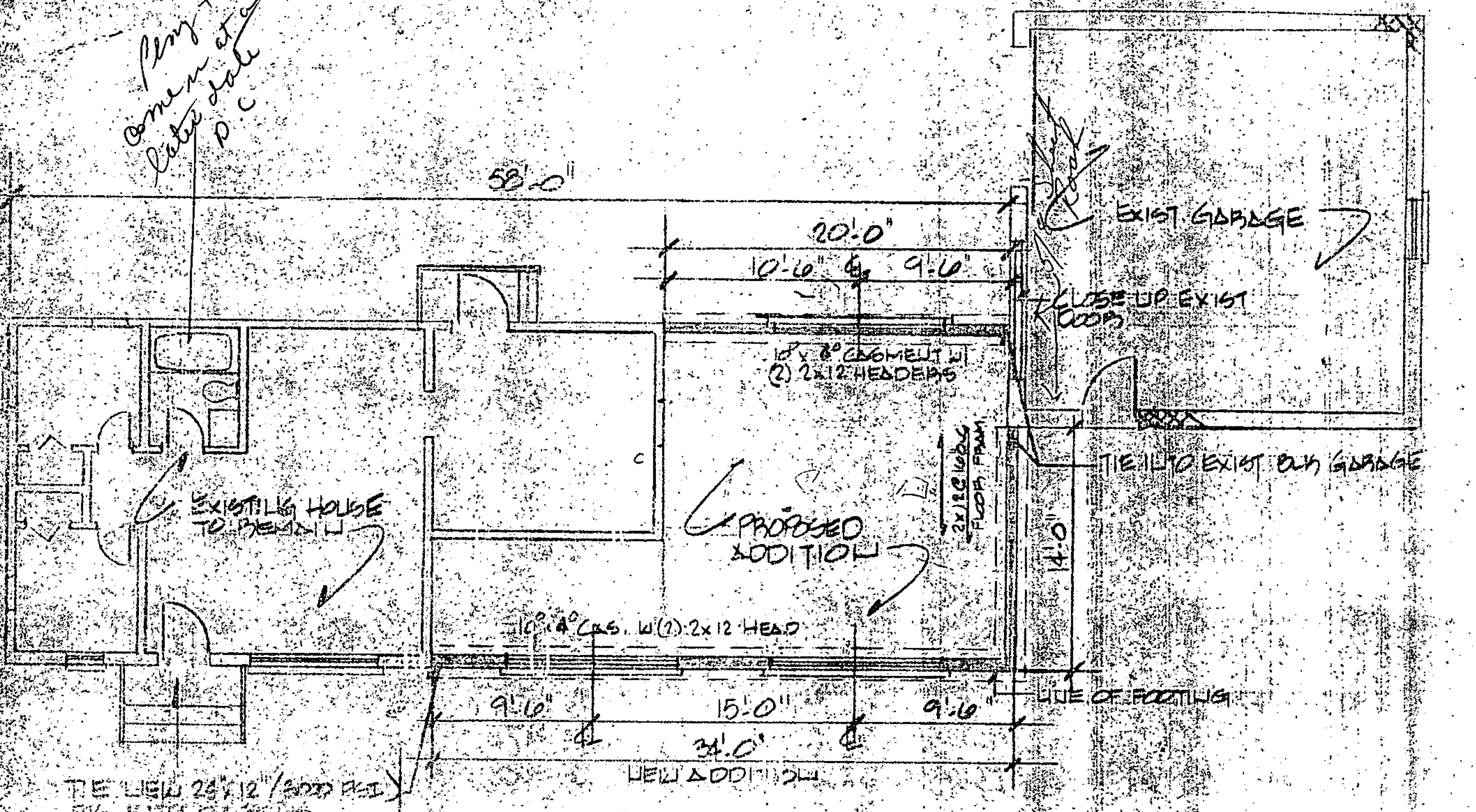
SITE PLAN
SCALE 1" = 30'-0"

Don 2 Costa

PROPOSED FLOOR PLAN
SCALE: 1/4" = 1'-0"

DRAWING
DRAWING NO:
SCALE:
DATE:
DATE | REVISIONS

JOB NO:



FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"

LEGEND

- NEW 2x4 STUD
- EXIST WALLS
- CLOSE UP DOOR

Note
Smoke detector Interconnected with in 10 ft of Bedrooms
1 Egress Window on each Bedroom Existing
New & Existing Houses fire

Don D. Corte

February 14, 1992

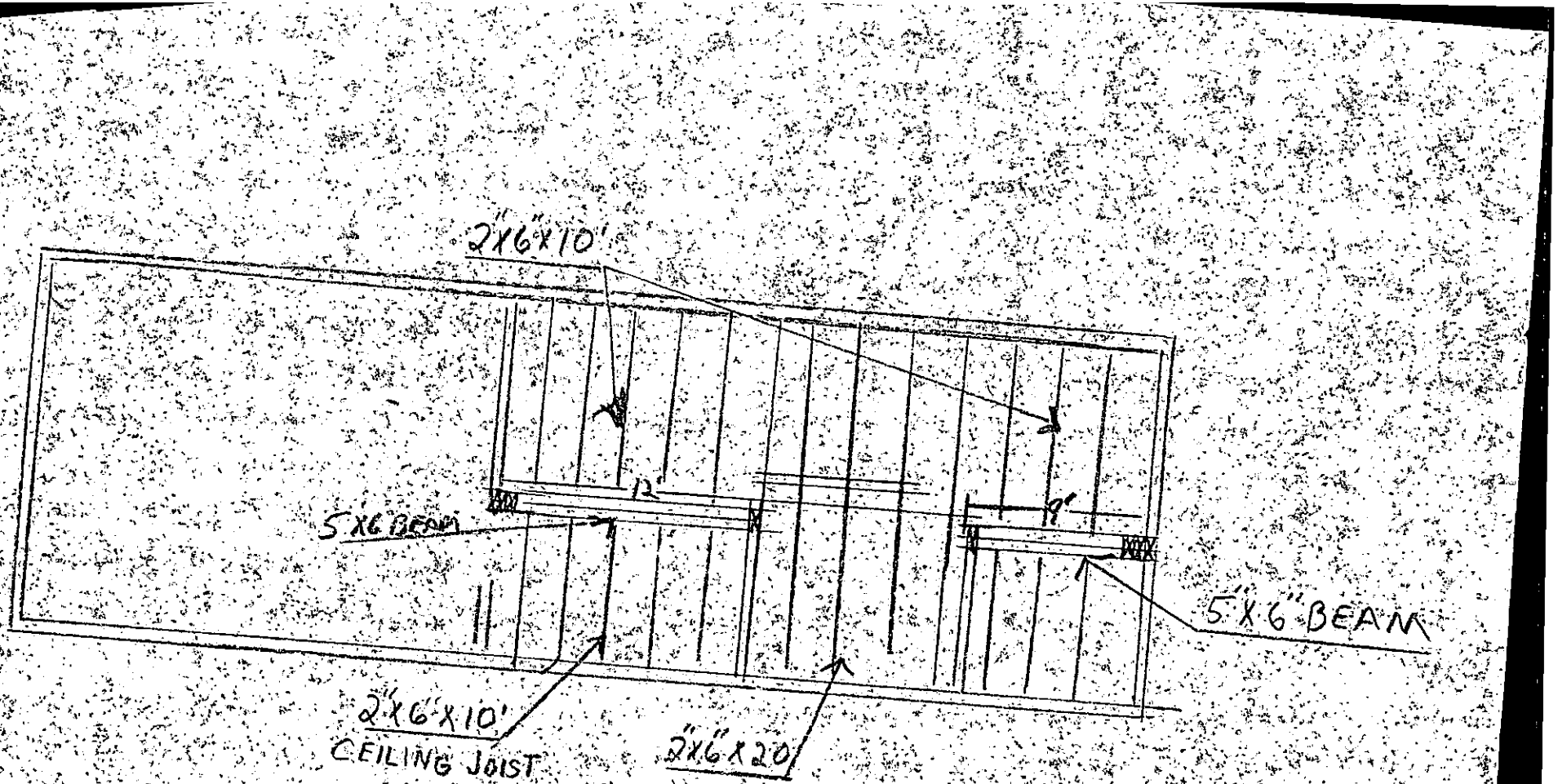
Dear Mr. Cierzo,

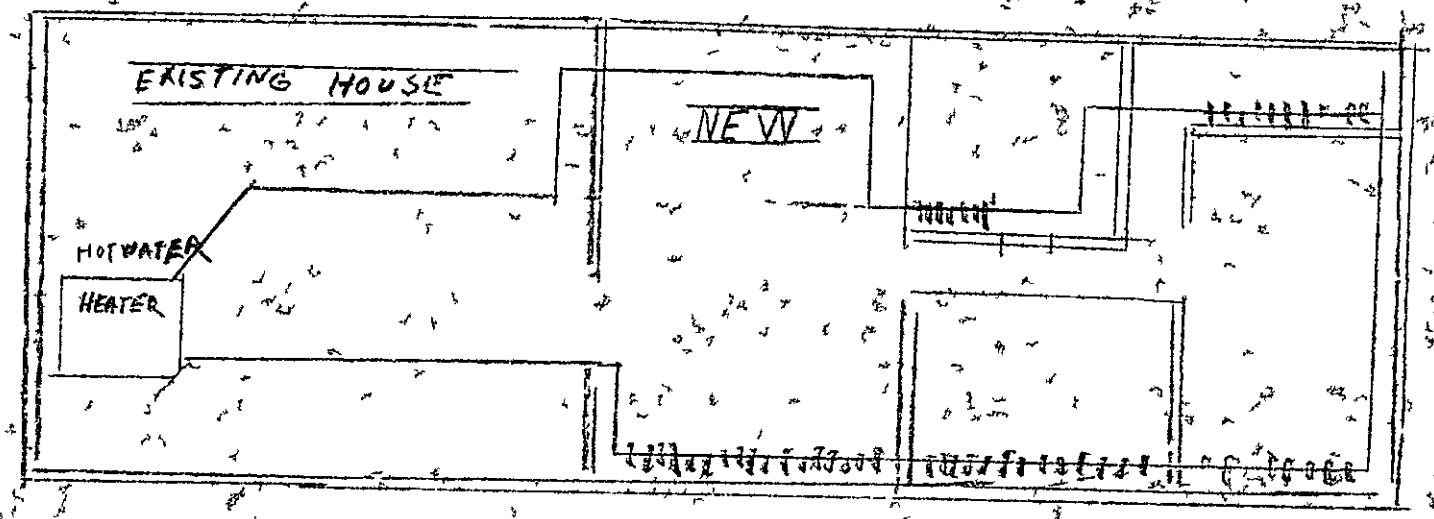
My husband and I had a permit approved to build an addition on our home. This was approved 10/11/90. Unfortunately we were not able to begin any construction at all because of work layoffs and financial difficulties. We are now able to begin the addition and would like to know if we could possibly renew the permit. The permit # is 1940-90, Block 828.17, lot 10-12. My husband and I are the owners, Leonard & Donna Costa residing at 1635 W. Princeton Avenue 458-7088

2/14/92

Look - you

Donna J. Costa


2"X6"X10'
12'
9'
5"X6" BEAM
5"X6" BEAM
2"X6"X10'
CEILING JOIST
2"X6"X20'



PLUMBING DIAGRAM

6/15/95

To Art Cieyo.
Re. 1635 W Princeton Ave
Block: 828 Lot: 10

Though the permit was taken out in 1990. I sent you a copy of a letter about why I did not start construction on 2/14/92. On 5/92 I had a footing insp. On 9/92 I had a foundation inspection. From 9/92 I have been framing the addition, I made the building weather-tight w/ Tyvex. Since that time I was laid off continued working inside my building. Beginning of 1995 I was hospitalized for my hand. and am doing therapy for my hand. When my hand is better I will continue working on the addition. Thank You for your cooperation.

Tony Castro
6/15/95

TOWNSHIP OF BRICK

TYPES OF IMPROVEMENTS THAT REQUIRE BUILDING PERMITS
AND THE REQUIREMENTS FOR OBTAINING A BUILDING PERMIT

ADDITION: Submit two (2) plot plans showing the location of the addition and indicate the setbacks on the plot plan. Complete a Zoning Application and an Engineering cover sheet. Submit two (2) sets of drawings and cross section showing all materials your using from the footing to the roof. A finished elevation view of the sides of the addition. Also, a floor plan labeling the rooms, and size of windows in each room. If plumbing work is to be done by the homeowner, state this, otherwise a plumber must sign and seal the plumbing tech section. If the plans are drawn by the homeowner, the owner must sign each page of the plans and the owner's section of the application.

ELECTRIC: Permits for electric work must be obtained from the Ocean County Electrical Bureau, they are located at 2 Mott Place, Toms River, Tel # 908 929-4730.

ALTERATION: For inside changes, submit two (2) copies of the floor plan, existing and proposed.

BULKHEADS: On man made lagoons submit your permit from the State and complete a Zoning application, an Engineering/Bulkhead cover sheet, a Building Tech Section. Submit two (2) plot plans showing the location of the bulkhead. The bulkhead design must be sealed by an Engineer. On all other natural waterways such as the Metedeconk River, Kettle Creek, etc, both State and Army Corps permits are necessary.

DECK: Submit two (2) plot plans showing the location of the deck and the setbacks to your property lines. Indicate whether the deck is attached, or detached, and height from the ground. A Zoning Application must be completed and included in your package. Submit two (2) sets of plans showing how the deck will be constructed from the footing (depth of footings) to the rail. A top view & side view showing size of lumber you will use.

FENCES: Complete a Zoning application and submit two (2) plot plans showing the location of the fence by placing X's along the line that the fence will follow. Also indicate the height and type of fence and the distance from any streets.

FIREPLACE & WOOD STOVE: If a masonry chimney is being built on the outside of the house, submit two (2) plot plans showing location, a Zoning application and two (2) copies of a cross section of the foundation, hearth and throat. A wood burning stove should be installed according to manufacturers specifications. Submit brochure.

PLUMBING: Complete a Plumbing Tech Section and submit the heat loss, gas pipe sizing and a isometric sketch. Also, a list of the existing plumbing fixtures.

ROOFING: Just complete a Building tech section and a Construction Permit Application. If you are removing any sections of the roof, please complete the form indicating where the debris will be taken.

PORCH ENCLOSURES: If the dwelling is in a development governed by an Association, you must first receive the Association's approval. Bring in a copy of the approval. Complete a Zoning Application, Engineering cover sheet a Building Tech Section and a Construction Permit Application. Submit two (2) plot plans and two (2) plans or cross section showing how the porch will be constructed from the footing (if it's not there already) to the roof and the materials that will be used. Also, submit two (2) copies of the elevation view showing how the porch will be enclosed and the snow load. Indicate on your plot plan the location of the porch/dwelling and the distance to your property lines.

SHEDS: Complete a Zoning application, a Building Tech Section and a Construction Permit Application. Include two (2) plot plans and indicate the location of the shed and the distance to your property lines. If you are building the shed submit two (2) sets of plans how the shed will be constructed and the materials to be used. If the shed is pre-fab just state this on your application. In either case you must show how the shed will be anchored.

SIDING: Just complete a Building Tech Section and a Construction Permit Application.

SWIMMING POOLS: Complete a Building Tech Section, a Zoning application, an Engineering Cover Sheet if pool is in ground, and a Construction Permit Application. Submit two (2) plot plans showing the location of the pool and the distance to the property lines. Submit two (2) sealed pool designs, and a brochure of the filter system. A New State requirement, requires all doors that permit entry into the pool area to have a door alarm.

ABOVE GROUND: Submit two (2) plot plans showing the location of the pool and the distance to the property line, a brochure of pool and filter system. A New State requirement, requires the ladder or stairs to the pool be fenced in, and must have a self closing latched gate. If a chain link fence is to be used the link must be an 1' 1/4 not a 1' 1/2.

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 9-26-96

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

BUILDING LOCATION 1635 W. Princeton Avenue
(Street address)

BUILDING DESCRIPTION Addition

REVIEWED BY FM

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

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	WALL Area IN Garage That NOW Adjoins Dwelling must Be Rated For 1-Hour Fire Rating	
(2)	Does ADDITION exceede 24% OF existing Floor Area ? IF SO Existing Bedrooms must Have egress window & Smoke Detector upGrades	
	10/7 Call Mrs. Costa 458-7088	
	CALLED @ 12.40 Busy F-M	

06/93

TOWNSHIP OF BRICK

ZONING PERMIT APPLICATION
(Please type or print NEATLY)

Property Address: 1635 W. Princeton Ave

Block: Sub. 17 Lot: 10-12

Name of Property Owner: Leonard + Donna Costa

Address: Same Telephone: 458-7088

Name of person making application: Donna Costa

Company Name: _____

Mailing Address: Same

Present or most recent use property(Check One): _____ Vacant Lot

✓ Single Family Dwelling _____ Residential Condominium Unit or Apt.

_____ Commercial (Please Describe) _____

_____ Other (Please Describe) _____

Proposed Use: ✓ Single-Family Dwelling _____ Residential Condo. or Apt.

_____ Commercial (Please Describe) _____

_____ Other (Please Describe) _____

Proposed construction (include height and other dimensions of proposed structure or addition; if proposed fence, include type as well as height): _____

2[redacted] 500 sq ft.

Please submit with application an accurate plot plan either drawn by a surveyor or engineer, or hand-drawn on an 81/2" by 11" sheet of paper by the owner or applicant, neatly and to scale. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways.

If approval was granted by the Zoning Board of Adjustment or Planning Board, include a copy of the Resolution.

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 Donna D. Costa Date 11/1/02

Received by Zoning Office: Date _____ Complete _____ Incomplete _____

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

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

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

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

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

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

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

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

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

(2) A survey locating the existing dwelling.

(3) a site inspection by a Brick Township Engineering Inspector to verify that the proposed addition will not

TOWNSHIP OF BRICK

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

Department of Engineering

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

DATE: 11/3/97

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 828.17 Lot: 10.14

Dear Sir;

I, Lorraine & Donna Costa of 1635 W. Princeton Ave
(Name) (Address)
request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours

Donna Costa 11/3/97
Applicant's signature Phone #

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

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

OFFICE USE

Approved DATE: _____ BY: _____

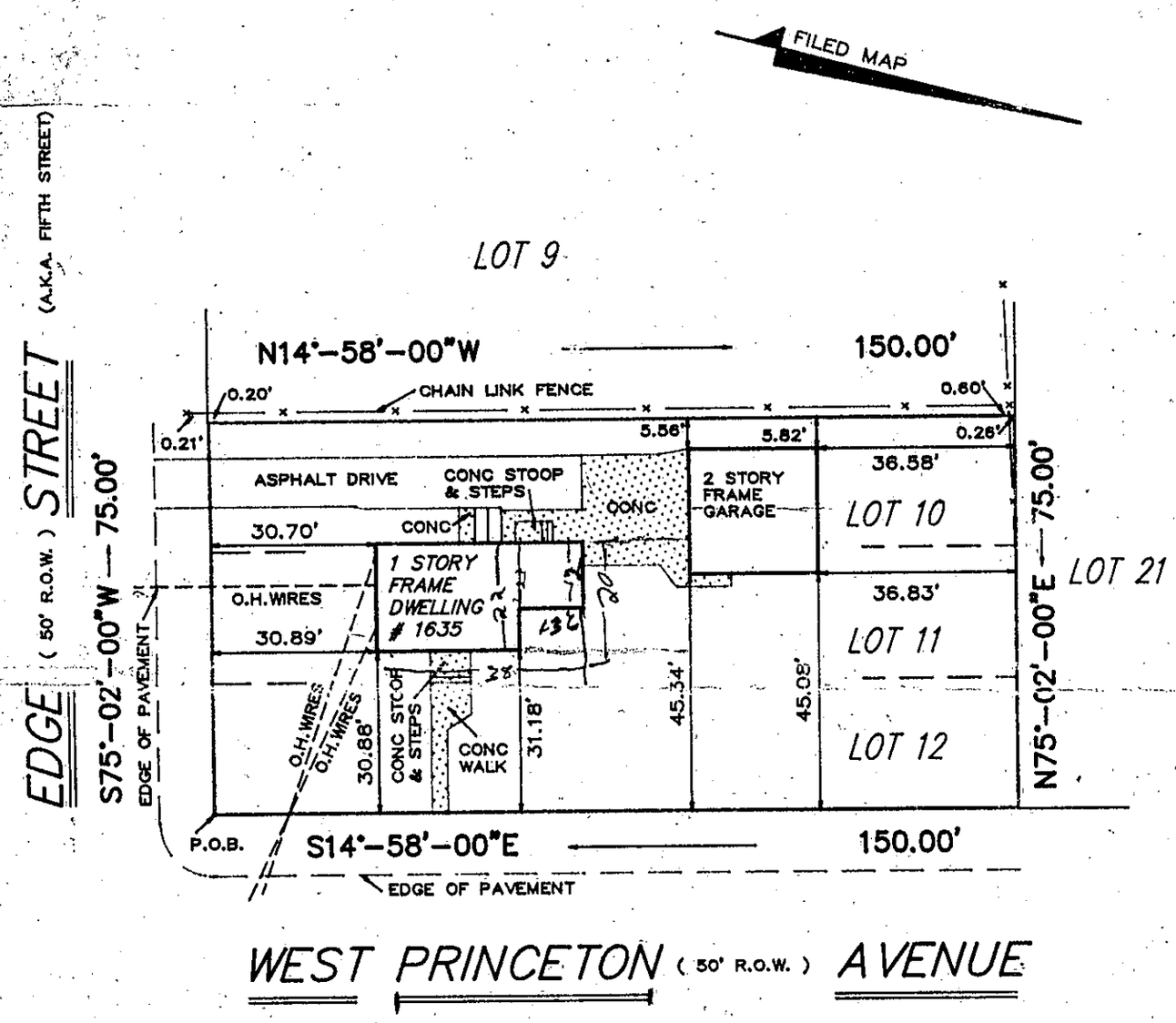
Rejected DATE: _____ BY: _____

REMARKS: _____

Title Co. File No. TA-33396 Job No. S-8670

1. CONTRACTUAL AGREEMENT STATES THAT PROPERTY CORNERS ARE NOT TO BE SET BY THIS SURVEY.
2. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY.
3. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF N.J. AS TIDELANDS.
4. DEED REFERENCE: BOOK , PAGE

KNOWN AS 1635 WEST PRINCETON AVENUE



Legend:

1215120

Map of Survey

1484

Certification

I hereby certify this survey as being accurate and correct to:

LENARD COSTA AND DONNA COSTA, HIS WIFE

TRANSAMERICA TITLE INSURANCE COMPANY / TRIDENT ABSTRACT COMPANY

DAVID B. BIUNNO, ESQUIRE

EMPBANQUE BANK CAPITAL CORP. AND THEIR ASSIGNS OR SUCCESSORS AS THEIR INTEREST MAY APPEAR

LOTS 10, 11, AND 12, BLOCK 828.17, TAX MAP
BRICK TOWNSHIP -- OCEAN COUNTY -- NEW JERSEY

A.K.A. LOTS 10, 11, AND 12, IN BLOCK 17, AS SHOWN ON A MAP ENTITLED " LAURELTON PARK LAURELTON — OCEAN COUNTY NEW JERSEY." FILED 9/25/29 AS MAP NO. A-328.

DELCO Land Surveying Corp.
14 Hooper Avenue
Toms River, N.J. 08753
(201) 341-4200

SCALE	DATE
1" = 30'	12/3/87
DRAWN BY	SHEET
ACU-PLAT	1 OF 1

Bernard M. Collins LICENSED LAND SURVEYOR N.J. LIC. NO. 29181
PROFESSIONAL PLANNER N.J. LIC. NO. 02863

Bernard M. Collins PLS DATE 12/3/87

Title Co. File No. TA-33396 Job No. S-8670

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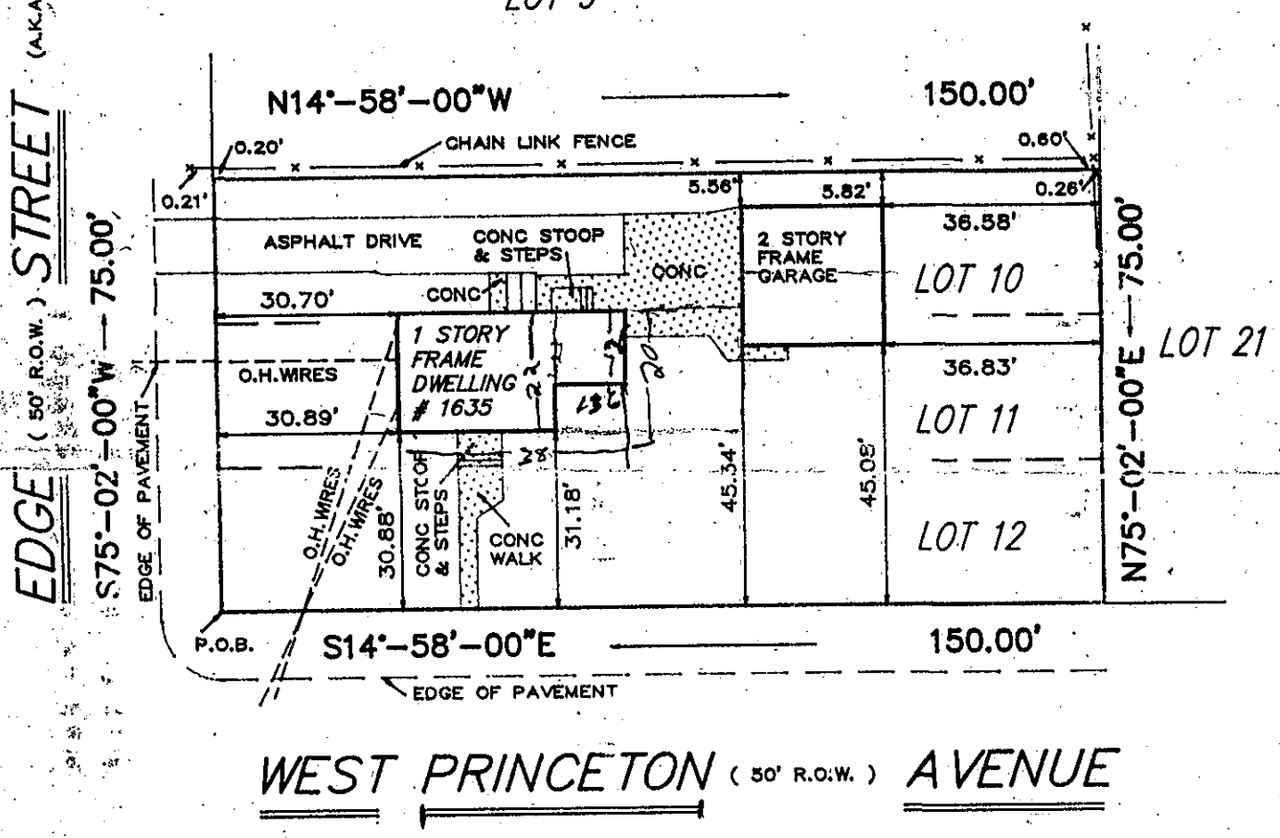
4. DEED REFERENCE: BOOK , PAGE

KNOWN AS 1635 WEST PRINCETON AVENUE

FILED MAP



Legend: 4215120

Map of Survey

1484

Certification:

I hereby certify this survey as being accurate and correct to:

LENARD COSTA AND DONNA COSTA, HIS WIFE

TRANSAMERICA TITLE INSURANCE COMPANY / TRIDENT ABSTRACT COMPANY

DAVID B. BIUNNO, ESQUIRE

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LOTS 10, 11, AND 12, BLOCK 828.17, TAX MAP
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DELCO Land Surveying Corp.
14 Hooper Avenue
Toms River, N.J. 08753
(201) 341-4200

SCALE	DATE
1" = 30'	12/3/87
DRAWN BY: ACU-PLAT	SHEET: 1 OF 1

Bernard M. Collins LICENSED LAND SURVEYOR N.J. LIC. NO. 29181
PROFESSIONAL PLANNER N.J. LIC. NO. 02883

Bernard M. Collins PLS DATE 12/3/87

892-3519 12

Title Co. File No. TA-33396

Job No. S-8670

NOTES:
1. CONTRACTUAL AGREEMENT STATES THAT PROPERTY CORNERS ARE NOT TO BE SET BY THIS SURVEY.
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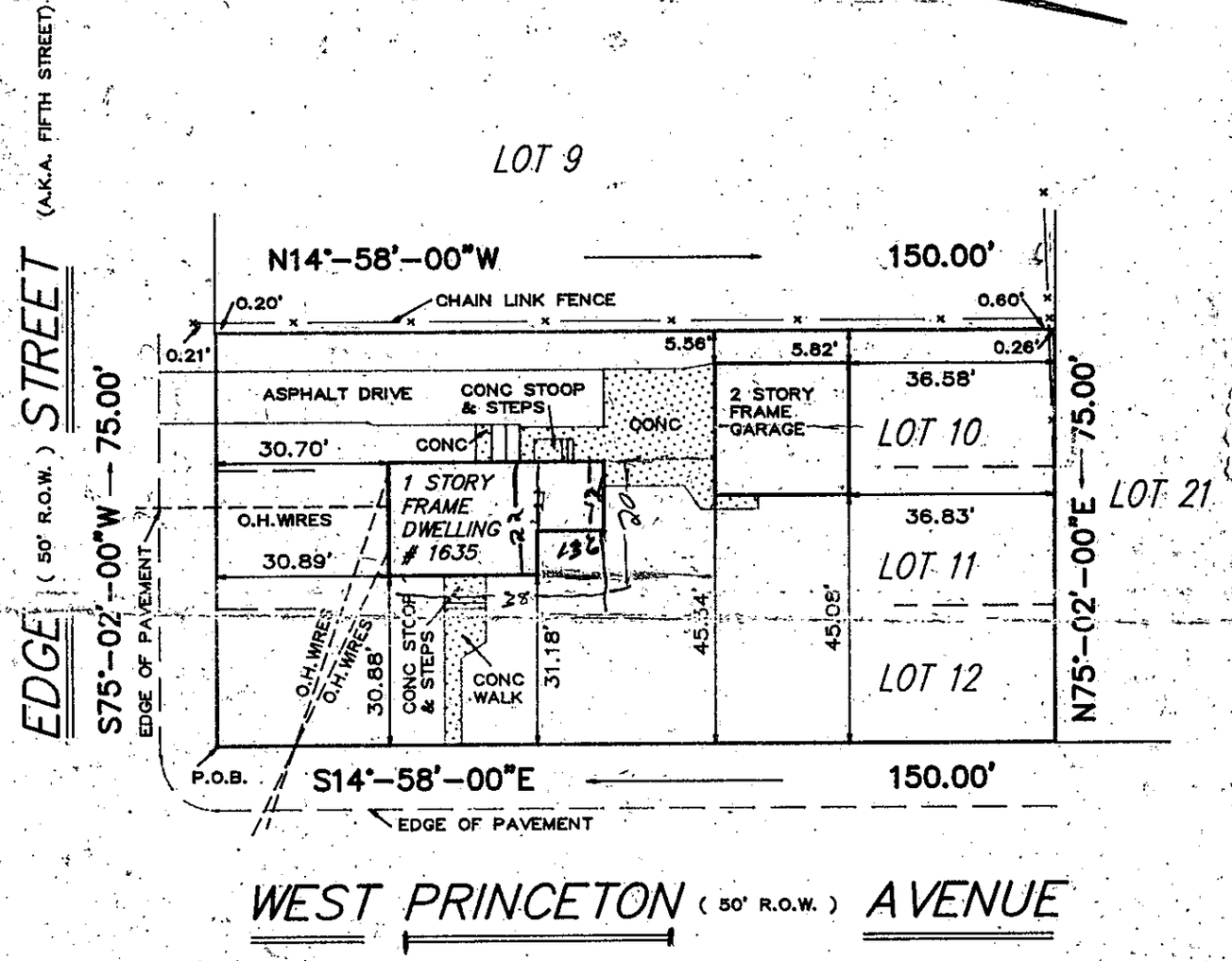
3. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF N.J. AS TIDELANDS.
4. DEED REFERENCE: BOOK , PAGE

KNOWN AS 1635 WEST PRINCETON AVENUE

FILED MAP



Legend: 9215152 0

Map of Survey

1484

Certification:

I hereby certify this survey as being accurate and correct to:

LENARD COSTA AND DONNA COSTA, HIS WIFE

TRANSAMERICA TITLE INSURANCE COMPANY / TRIDENT ABSTRACT COMPANY

DAVID B. BIUNNO, ESQUIRE

EMPBANQUE BANK CAPITAL CORP. AND THEIR ASSIGNS OR SUCCESSORS AS THEIR INTEREST MAY APPEAR

LOTS 10, 11, AND 12, BLOCK 828.17, TAX MAP
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DELCO Land Surveying Corp.
14 Hooper Avenue
Toms River, N.J. 08753
(201) 341-4200

SCALE	DATE
1" = 30'	12/3/87
DRAWN BY: ACU-PLAT	SHEET: 1 OF 1

Bernard M. Collins LICENSED LAND SURVEYOR N.J. LIC. NO. 29181
PROFESSIONAL PLANNER N.J. LIC. NO. 02863

Bernard M. Collins Pres. DATE 12/3/87

Block 818.17 Lot 10-12 October 14, 1997

To Whom it may Concern,

Concerning the property at 1635 W. Princeton Ave. we will install

1- Interconnected hardwired smoke detectors in each bedroom and common area

2- one window in each bedroom measuring 6.0 square ft. 24" Height opening size

3- a one hour fire rated firewall for the common wall between existing garage and house addition

Sincerely,

Don J. Corbi

AFFIDAVIT

STATE OF NEW JERSEY:
:SS
COUNTY OF OCEAN:

I, **DONNA COSTA**, upon my oath, depose and say:

1. I am the owner of the property commonly known as 1635 West Princeton Avenue in the town of Brick, County of Ocean, State of New Jersey.

2. I make this Affidavit in support of my application for a building permit for an addition to my home located at the address set forth above in paragraph number 1.

3. As a condition for the issuance of a building permit, I agreed to install a one (1) hour rated firewall for the common wall between the existing garage and house addition.

4. This firewall is not shown or otherwise depicted on the original plans submitted to the Town of Brick. Simultaneously with the submission of this Affidavit, I have amended and initialed the Plans where indicated so that it now accurately depicts where the firewall shall be installed as set forth above.

DONNA COSTA

Sworn and subscribed to
before me this 6th day of
October, 1997.

David B. Biunno,
Attorney at Law of the
State of New Jersey

c:\wpdocs\pleading\costa1.aff

SIZING FOR WATER AND SEWER SERVICES

Property Owner Costa Date 11/10/97

Property Address 1635 W Princeton Ave Block 828-17 Lot 10-12

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	2	(3) 6	( )
2. Lavatory	2	(1) 2	( )
3. Bath Tub	1	(2) 2	( )
4. Shower Stall	1	(2) 2	( )
5. Kitchen Sink	1	(2) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	(1) 1	( )
9. Washing Machine	1	(3) 3	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )
Total		18	

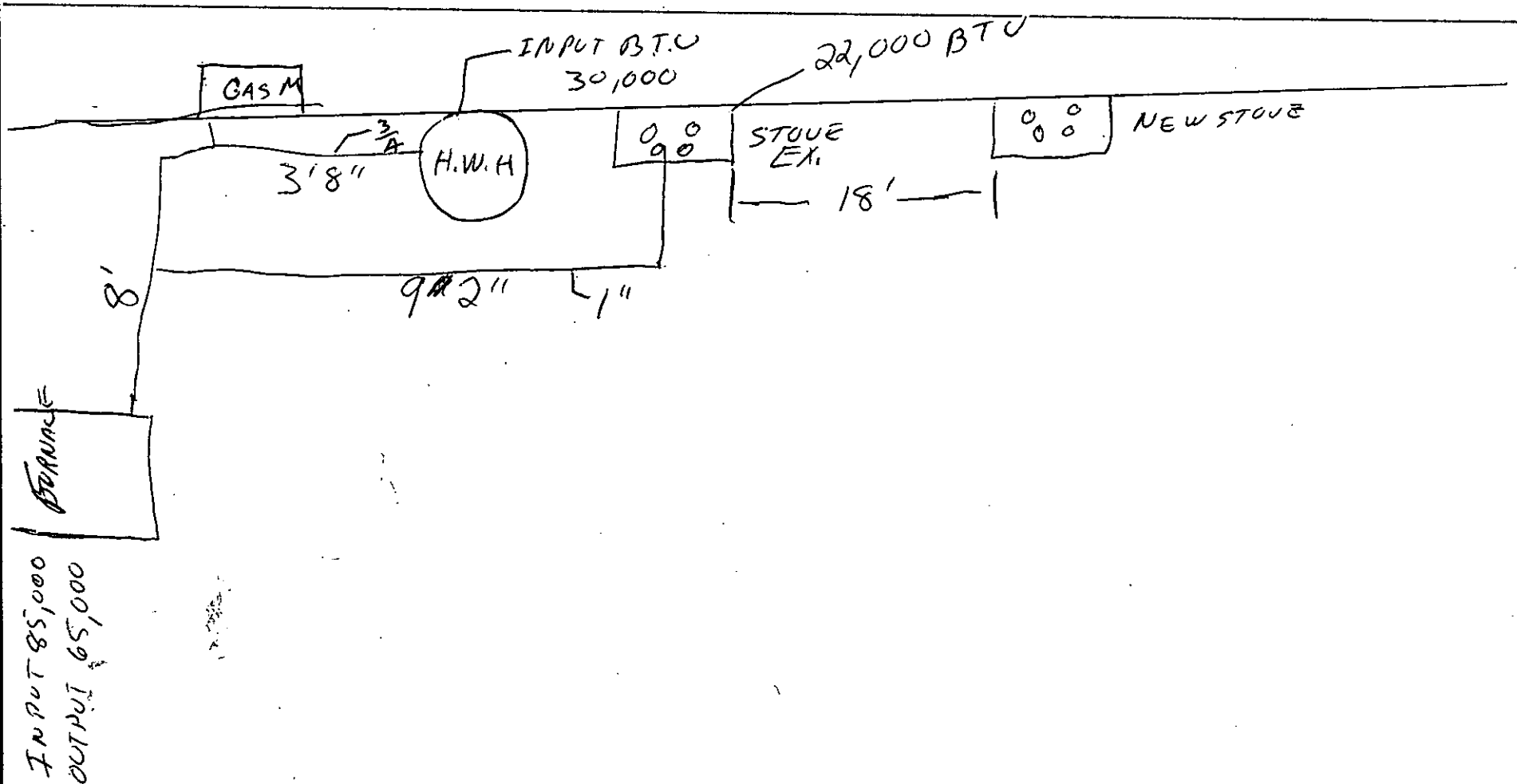
Gallons per minute _____

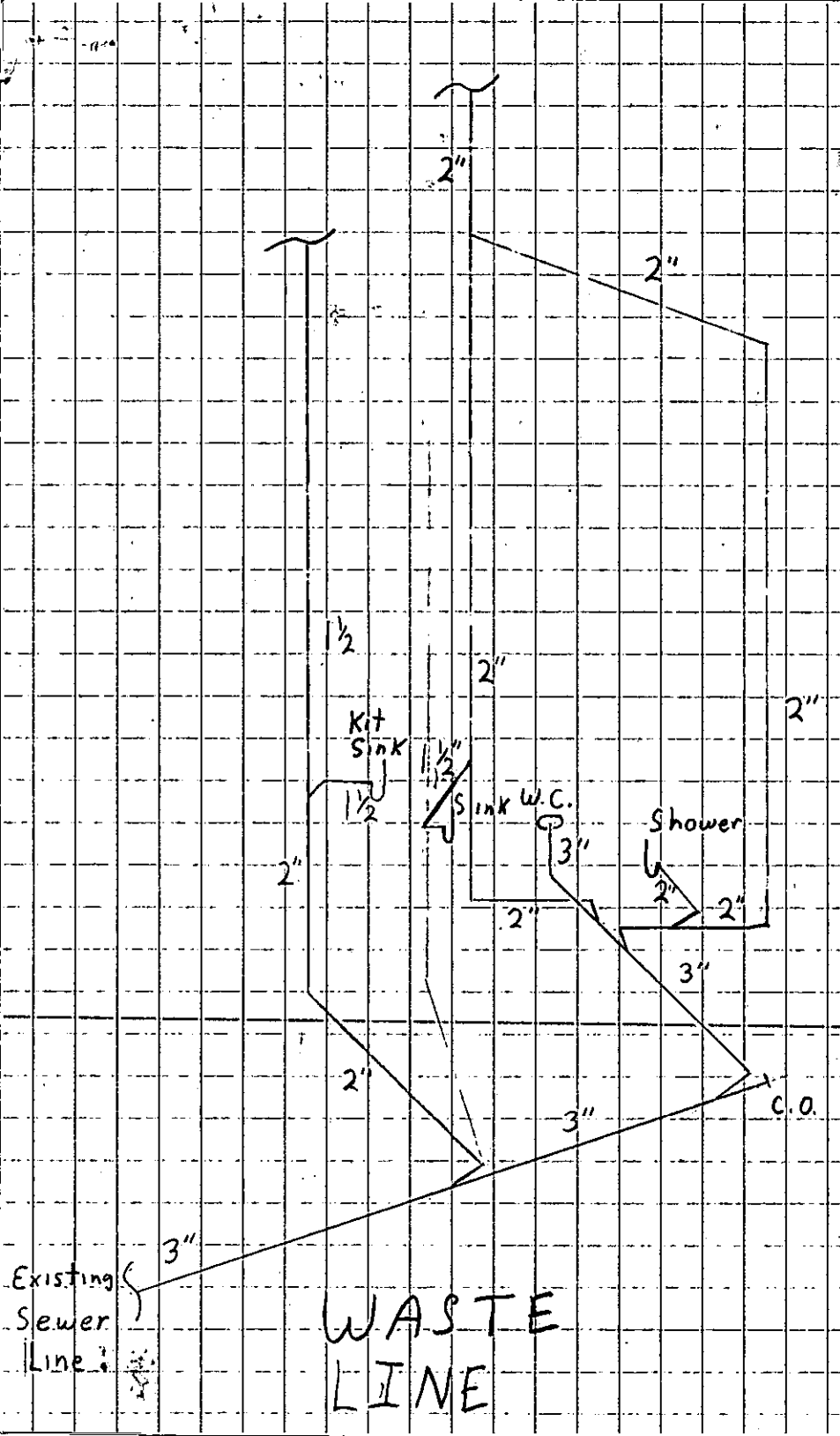
Size of Service 3/4"

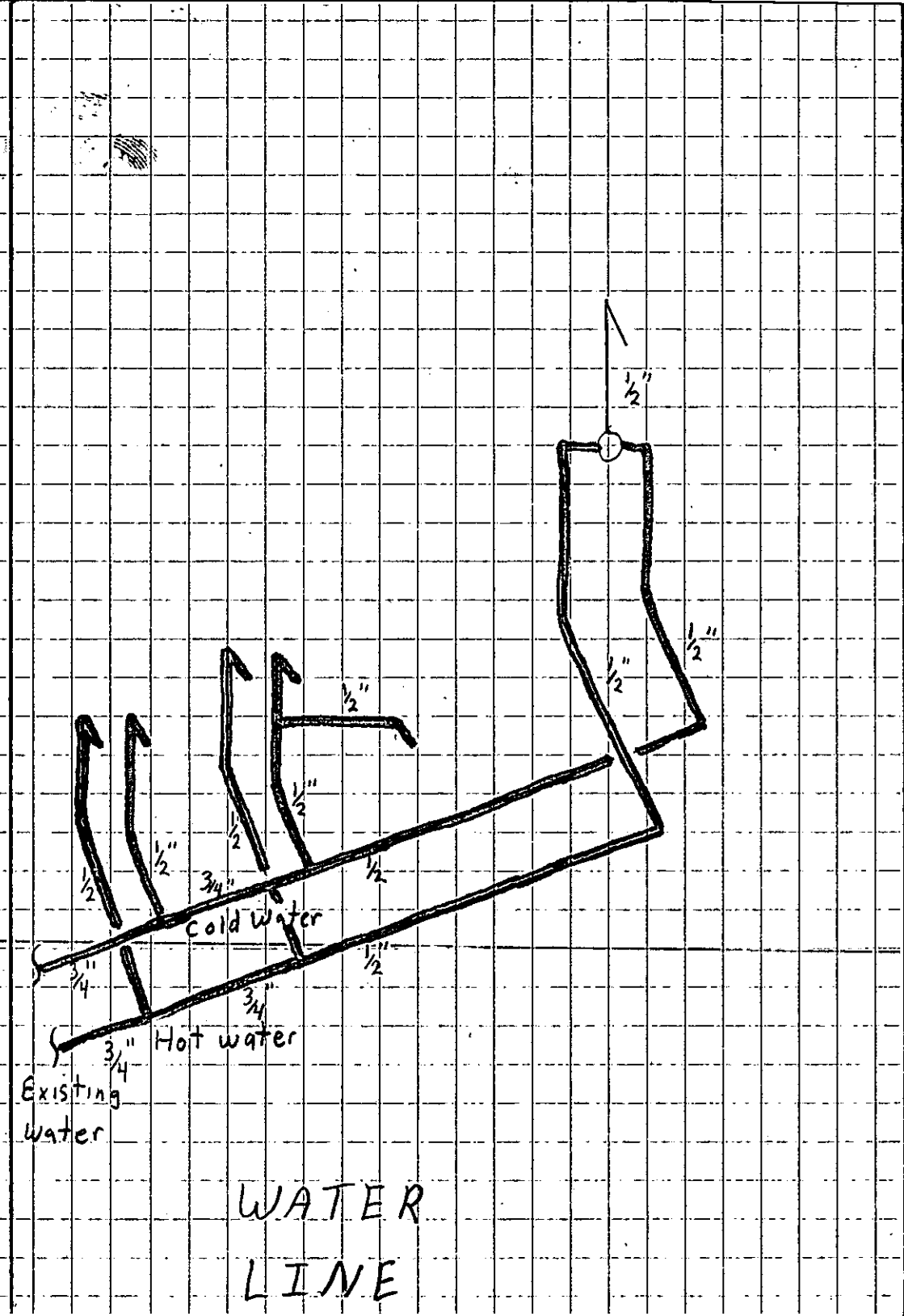
Date: _____

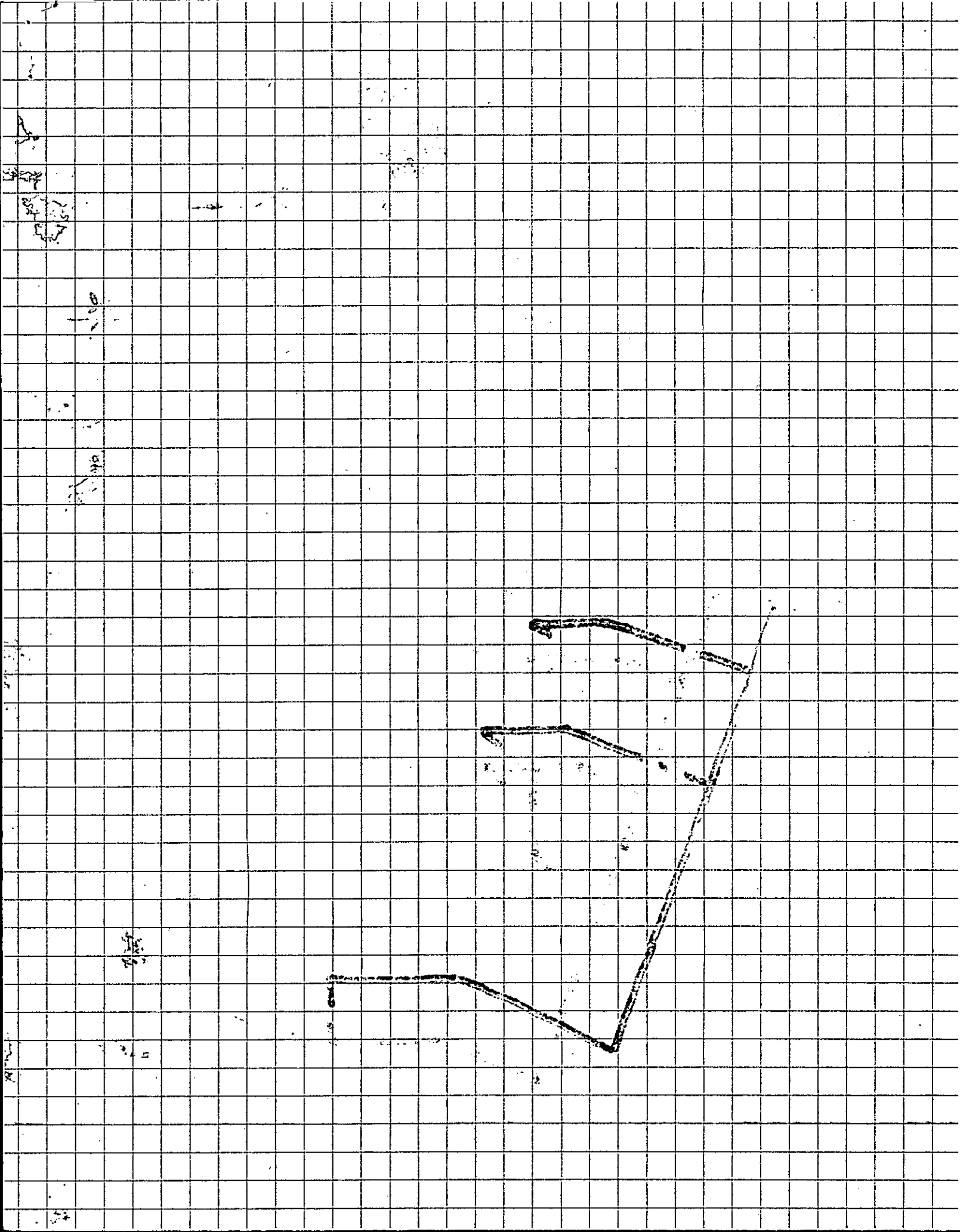
Approved: J. Cuccia
Brick Township Plumbing Inspector

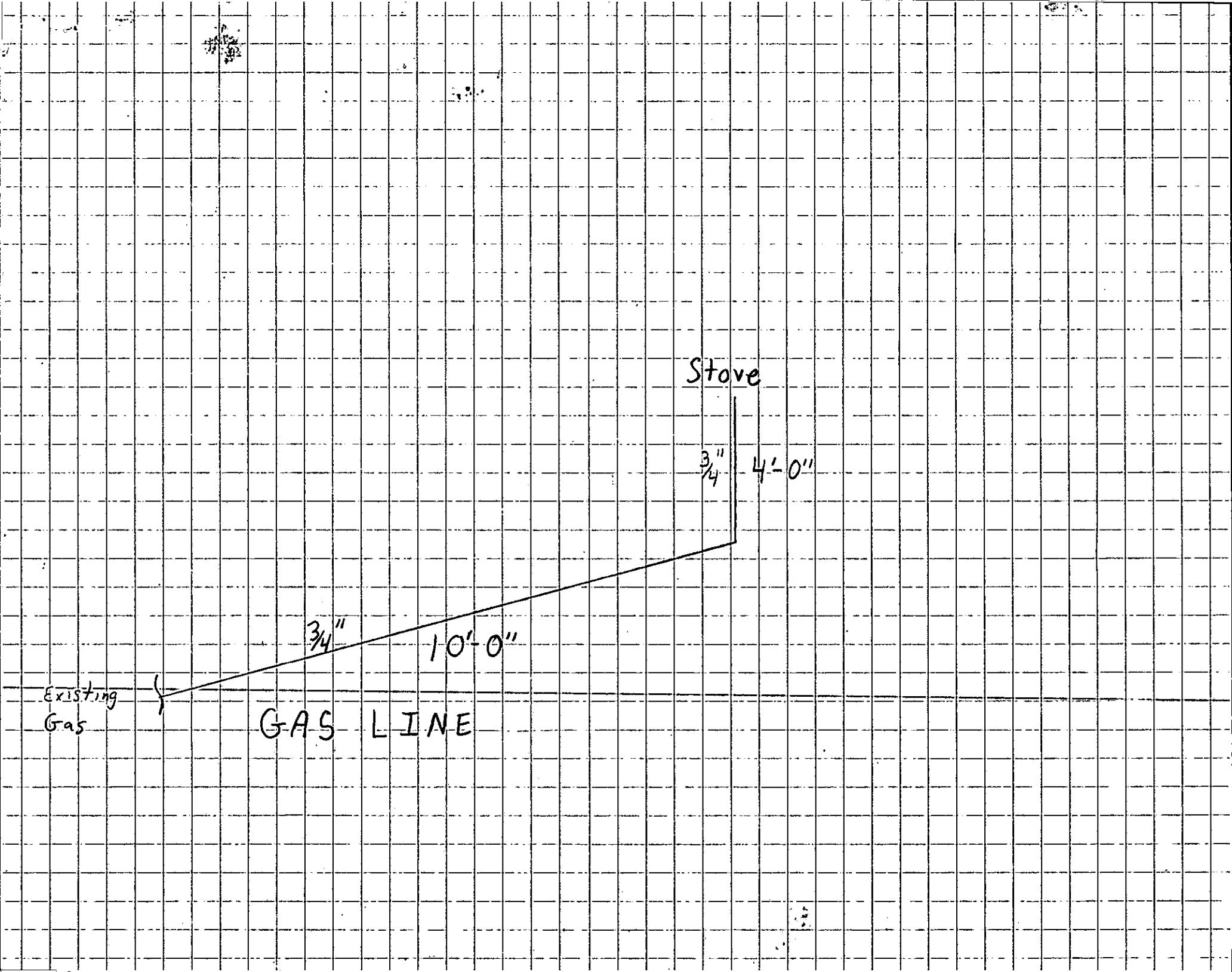
1635 W. Princeton Ave Block 528.17 Lot 10-12

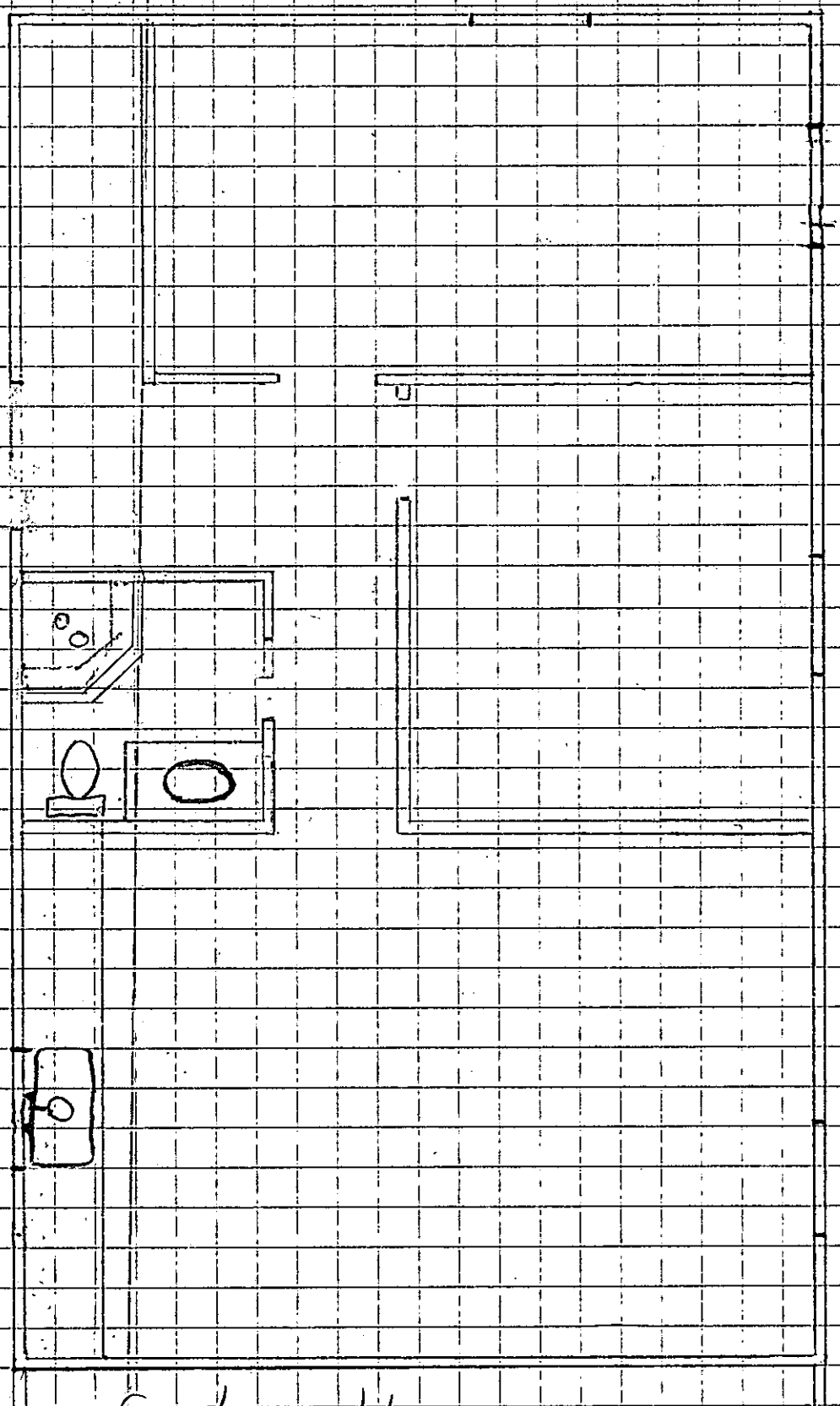



2"
2"
2"
1½
2"
Kit Sink
1½
1½" Sink
W.C.
3"
Shower
2"
2"
2"
2"
3"
2"
3"
C.O.
3"
Existing Sewer Line
WASTE LINE


½"
½"
½"
½"
½"
½"
½"
¾"
½"
Cold water
¾"
½"
¾"
¾"
Hot water
Existing water
WATER LINE




Stove
3/4"
4'-0"
3/4"
10'-0"
Existing
Gas
GAS LINE



Existing House

BLOCK 828.17

N.J.A.C. (Uniform Code) 5:23-2.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT 10-12

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

L. COSTA
Owner

SAME
Contractor

PERMIT NO. 1940-90

DATE APPROVED 9/11/90

FEE PAID 115.45

CONSTRUCTION OFFICIAL
BRICK TOWNSHIP

477-3000
270

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE,
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS

1. FOOTING 5-19-92 JL
2. FOUNDATION
3. SHEATHING
4. FRAMING
5. INSULATION
6. SHEET ROCK
7. PLUMBING
8. FIRE INSPECTION
9. FINAL