BLOCK 646 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 589 mantoloking PERMIT NO. 03-5261

Called 11/21

~~BERKELEY TOWNSHIP~~
~~P.O. BOX 82~~
~~Bayville, N.J. 08721~~

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C64-61

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

I. IDENTIFICATION

1. Proposed Work Site at: 589 MANTOLOKING RD BRICK NJ 08723
2. Name of Owner in Fee: DOWNS T [redacted]
   Address: SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: CHAP Tel. (732) 349-3223
   Address: 130 RT 9 PINE BEACH NJ 08741
   License No. OR, if new home, Builder Reg. No _____ Exp. Date _____
   Federal Employee No. 22-2018593 FAX: (732) 349-8007
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work HAROLD T LAING
   Tel. (732) 349-3223 FAX (732) 349-8007

REPLACE ROOF TOP HVAC UNIT

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 44		
2. Electrical	35		
3. Plumbing	46		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
total	$		
Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 125-		

8542

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed 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									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☒ Fire Protection					11-21-03				
6. ☒ Plumbing					11/20/03				
7. ☒ Electrical			11/3/03		11/20/03				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	7800								

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 +1 NC
After Construction 1
Net Gain or Loss —

B. NON-RESIDENTIAL

1. State Specific Use: @ CARPET STORE
2. Use Group: M
3. Change in Use Group, Indicate Former:

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to compiy 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 CHAP

Address 130 Rt 9

PINE BEACH NJ 08741

Telephone (732) 349-3223

Signature Harold T Laing

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/25/2003
Control #
Permit # 03-5261

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 646 Lot 1 Qual

Work Site Location 563 MANTOLOKING RD
HVAC

Owner in Fee DOWNS, DARREN
Address 563 CHURCH RD
BRICK, NJ 08723-
Telephone [redacted]

Contractor CHAP CORP.
Address 130 RT 9
PINE BEACH, NJ 08741-
Telephone (908)288-0749
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2018593

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE ROOF TOP HVAC UNIT

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 $ 400

D F Mumm Jr 11/25/2003
Construction Official Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.84E

PAYMENTS (Office Use Only)

Building	0
Electrical	44
Plumbing	35
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	125
Check No.	8542
Cash	
Collected By	JB

11/25/03 10:33AM 000000#5530
**06 SERV.006

#035261	
ELECTRIC	$44.00
PLUMBING	$35.00
FIRE	$46.00
CHECK	$125.00

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 11-25-03
Control #
Permit # 03-5261

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

Block 646 Lot 1
Work Site Location 589 MANTOLOKING RD
BRICK NJ 08723
Owner in Fee/Occupant DOWNS
Addre [redacted]
Tele.
Contractor CHAP
Address 130 Rt 9
PINE BEACH NJ 08741
Tele. (732) 349-3223 Fax (232) 349-8007
Lic. No. 6607
Federal Emp. No. 22-2018593

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as STORE Utility Co.
Est. Cost of Elec. Work $ 2000 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: 11/25/03
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. 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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

1 ROOF TOP UNIT
DIRECT REPLACEMENT

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 35 -
		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	
1		Comp Typ Unit	9

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11-15-02
Date Issued
Control #
Permit # E2-5261

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

Block 646 Lot 1
Work Site Location 589 MAINTAKING RD
FORK NJ 07723
Owner in Fee/Occupant DUNNS
Address 9 UE
Tele. [redacted]
Contractor [illegible]
Address 130 W 3
PINE BEACH NJ 08741
Tele. (732) 241-3213 Fax (732) 341-2007
Lic. No. 6607
Federal Emp. No. 22-2018573

B. ELECTRICAL CHARACTERISTICS

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

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:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. 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.

[illegible]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 5
		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	
1		.....	4
		.....	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

[illegible]

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

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 11-25-03
Control #
Permit # 03-5261

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

Block 646 Lot 1
Work Site Location 589 MANTOLOKING RD
BRICK NJ 08723
Owner in Fee DOWNS
Address ABOVE
Tele. ([redacted]
Contractor CMAP
Address 130 Rt 9
PINE BEACH NJ 08741
Tele. (732) 349-3223 Fax (732) 349-8007
Lic. No. 5904
Federal Emp. No. 22-2018593

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11/20/03
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Harold J Lang
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping ~~EXISTING~~	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other A/C Roof Top	35 —
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

REPLACE EXISTING HVAC ROOF-TOP UNIT
EMERGENCY CHANGE-OUT
RECONNECT TO EXISTING GAS PIPE

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

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11-25-03
Date Issued
Control #
Permit # 03-5261

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

Block 646 Lot 1
Work Site Location 589 MANTOLOKING RD
BRICK NJ 08723
Owner in Fee DOWNS
Address ABOVE
[redacted]
Tele. [redacted]
Contractor [illegible]
Address 130 RT 9
PINE BEACH NJ 08741
Tele. (732) 344-3223 Fax (732) 349-8007
Lic. No. 5904
Federal Emp. No. 22-2018593

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11/20/03
Approved by: [signature]

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

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

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping existing	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other N.C. Lift Pump	25
	Other	
	Other	

REPLACE EXISTING HVAC ROOF-TOP UNIT

EMERGENCY CHANGE-OUT

RECONNECT TO EXISTING GAS PIPE

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

~~BERKELEY TOWNSHIP~~
~~PO Box [illegible]~~
~~Bayville, New Jersey 08721~~

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-25-03
Control #
Permit # 03-5261

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

Block 646 Lot 1
Work Site Location 589 MANTOLOKING RD
BRICK TWP NJ 08723
Owner in Fee DOWNS
Address ABOVE
Tele. [redacted]
Contractor [illegible]
Address 130 RT 9
PINE BEACH NJ 08741
Tele. (732) 349-3223 Fax (732) 349-8007
Lic. No. 5904/6687
Federal Emp. No. 22-2018593

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present ____ Proposed ____
Heating Systems [X] New [ ] Existing [X] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[X] Other REPLACE ROOF-TOP UNIT
Location: ____
Total Cost of Fire Protection Work $ 0

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 11-26-03
Approved by: DB

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System			11/26/03	
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Harold J Laing
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE EXISTING ROOF TOP UNIT (EMERGENCY CHANGE-OUT)
Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected **NUMBER**		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
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		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other Roof Top Unit		46 -

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F140
(rev. 3/96)

~~BERKELEY TOWNSHIP~~
~~P.O. Box 'B'~~
~~Bayville, New Jersey 08721~~

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-25-03
Control #
Permit # 03-5261

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

Block 646 Lot 1
Work Site Location 589 MANTOLOKING BLD
BRICK TWP NJ 08723
Owner in Fee DOWNS
Address ABOVE
[redacted]
Tele.
Contractor CHAP
Address PO BOX 9
PINE BEACH NJ 08741
Tele. (732) 341-3223 Fax (732) 341-8007
Lic. No. 5907/6687
Federal Emp. No. 22-2018593

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present ____ Proposed ____
Heating Systems [X] New [ ] Existing [X] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[X] Other REPLACE ROOF-TOP UNIT
Location: ____
Total Cost of Fire Protection Work $ 0

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: ____
Approved by: ____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System			11/26	
Mechanical				
Smoke Control				
TCO				
Final				
Other ____				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE EXISTING ROOF TOP UNIT (EMERGENCY CHANGE-OUT)
Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		____
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	____	____
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	____	____
Halon Suppression	____	____
Other ____	____	____
Kitchen Hood Exhaust System	____	____
Smoke Control System	____	____
Gas [ ] or Oil [ ] Fired Appliances	____	____
Other 1 TON ROOF TOP UNIT	____	45

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ ____

U.C.C. F140
(rev. 3/96)

National Fire Code
Plan Review Record
Township of Brick

Date: 11-21-13

Site Address: 589 Mant. Rd.

Reviewed By: Ron Pizzar

CORRECTION LIST

No.	Description
1)	Need Brochure
2)	If unit over 2000 cfm duct det. required.

11-21-13
732 349-3223 Linda
Handed message
left message w/ secretary

Party Called and Phone #: _____

Resubmitted on: _____ By: _____

~~BERKELEY TOWNSHIP~~
~~P.O. Box B~~
~~Bayville, New Jersey 08721~~

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 646 Lot 1
Work Site Location 589 MANTOLOKING RD
BRICK NJ 08723
Owner in Fee DOWNS
Address ABOVE
Tel. [redacted]

Contractor CHAP
Address 130 RT 9
PINE BEACH NJ 08741
Tel. (732) 349-8007
Lic. No. or Bldrs. Reg. No. [redacted] 5904/6687
Fed. Emp. No. [redacted] 22-2018593

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACE ROOF TOP HVAC UNIT

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 $ 2800.00

Construction Official

Date

PAYMENTS (Office Use Only)

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

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

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 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.

~~BERKELEY TOWNSHIP~~
~~P.O. Box B~~
~~Bayville, New Jersey 08721~~

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 646 Lot 1
Work Site Location 589 MANTOLOKING RD
BRICK NJ 08723
Owner in Fee DOWNS
Address ABOVE
Tel. [redacted]

Contractor CHAP
Address 130 RT 9
PINE BEACH NJ 08741
Tel. (732) 349-8007
Lic. No. or Bldrs. Reg. No. ~~[redacted]~~ 5904/6687
Fed. Emp. No. ~~[redacted]~~ 22-2018593

Is he[redacted]ork:

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

DESCRIPTION OF WORK:

REPLACE ROOF TOP HVAC UNIT

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 $ 2400.00

Construction Official _____ Date _____

PAYMENTS (Office Use Only)
Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

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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.

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

~~BERKELEY TOWNSHIP~~
~~P.O. Box "B"~~
~~Bayville, New Jersey 08721~~

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 646 Lot 1
Work Site Location 589 MANTOLOKING RD
BRICK NJ 08723
Owner in Fee DOWNS
Address ABOVE
Tel. [redacted]

Contractor CHAD
Address 130 RT 9
PINE BEACH NJ 08741
Tel. (732) 349-8007
Lic. No. or Bldrs. Reg. No. ~~[redacted]~~ 5404/6687
Fed. Emp. No. ~~[redacted]~~ 22-2018593

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACE ROOF TOP HVAC UNIT

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 $ 2400.00

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

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

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

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BERKELEY TOWNSHIP
P.O. Box 'B'
Bayville, New Jersey 08721

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 64. Lot

Work Site Location

Owner in Fee

Address

Tel. ( ) 1. - 953

Contractor C. A.

Address

Tel. ( ) 4-4-

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

HVAC Unit

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 $

Construction Official

Date

PAYMENTS (Office Use Only)

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

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

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

~~BERKELEY TOWNSHIP~~
~~P.O. Box 'B'~~
~~Bayville, New Jersey 08721~~

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued
Control #
Permit #

IDENTIFICATION

Block 646 Lot 1
Work Site Location 549 MANTOLOKING RD
BRICK TWP NJ 08723
Owner in Fee/Occupant DOWNS
Address ABOVE
Tele. [redacted]
Contractor CHAP
Address 130 RT 9
PINE BEACH NJ 08741
Tele. (732) 349-3223 Fax (732) 349-8007
Lic. No. or Bldrs. Reg. No. 5904/6687
Federal Emp. No. 22-2018593

Home Warranty No.
Type of Warranty Plan: [ ] State [X] Private
Use Group M
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

REPLACE EXISTING ROOF-TOP
HVAC UNIT - ~~FAILED~~
EMERGENCY REPLACEMENT

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.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

☐ 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 _____.

Fee $ _____
Paid [ ] Check No. _____
Collected by: _____

_____
CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 3/96)

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