BLOCK 819 LOT 10 C19-910 QUALIFICATION CODE _____ ADDRESS (SITE) 1591 W. Princeton Ave. PERMIT NO. 99-2881

RECEIVED

JUL 1 9 1999

DIV. OF CONSTRUCTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1591 W. Princeton Ave. Brick NJ
2. Name of Owner in Fee: Thomas Trafer [redacted]
   Address 1591 W. Princeton Ave (street) Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Thomas Hansen + SONS Tel. (732) 606-0073
   Address 121 Ocean Gate DR. Bayville, NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 157-72-8063 FA [redacted]
5. Architect or Engineer OWNER Te [redacted]
   Address 1591 W. Princeton Ave, Brick, NJ
6. Responsible Person in Charge of Work Norman Hansen
   Tel. (732) 606-0073 FAX (____) _____

1ST STORY ADDITION

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 35	9 -	
2. Electrical	35		
3. Plumbing	45		
4. Fire Protection	92		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	2		
10. Subtotal			
11. Cert. of Occupancy	35		
12. Other	30	9. 1	
13. TOTAL	$ 274		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	22 ft.	
3. Area — Largest Floor	889 sq. ft.	
4. New Building Area	112 sq. ft.	
5. Volume of New Structure	1344 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	112 sq. ft.	
8. Flood Hazard Zone	NO	
9. Base Flood Elevation	NO ft.	
10. Wetlands yes		
no	X	
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		CMS	7-14-99		7-30-99	FM			
3. ☒ Addition	9170.00								
4. ☐ Alteration	300								
5. ☐ Fire Protection					7-28-99	CW	1/4/00		OK
6. ☒ Plumbing	150.00				7-28-99	[illegible]	1-13-2000		OK
7. ☒ Electrical	100.00				7-28-99	TO	1/10/2000		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		FMC	7/26/99		7/26/99				
TOTAL COSTS	9720.00								

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
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:

LDS BR 10400757

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

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

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

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

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

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

D. (X) 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 Thomas Trafun Date 7-18-99

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

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

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

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

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

(X - Check if contractor.

Agent Name Norman Hansen

Address 121 Ocean Gate Blvd. Bayville, NJ

Telephone (732) 606-0073

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. _____	_____	_____	_____	_____

Block: 1067.24 Lot: 18 99-2750 R-3 New 1895

0010 08/02/99 NO. 5 0006A005 07:48
2881##

BLOCK	819 #	0.00
LOT	10 #	0.00
BUILDING		35.00
ELETRIC*		35.00
PLUMBING		45.00
FIRE		92.00
D.C.A.		2.00
C / O		35.00
ZONEPLOT		15.00
ENG P.R.		15.00
TOTAL		274.00
CHECK		274.00
CHANGE		0.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/02/99
Control #
Permit # 99-2881

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 819 Lot 10 Qual

Work Site Location 1591 WEST PRINCETON AVE
1ST STORY ADDITION
Owner in Fee TRAFER, THOMAS
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor THOMAS HANSEN AND SONS
Address 121 OCEAN GATE DR
BAYVILLE, NJ
Telephone (732)606-0073
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-7728063

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:
1ST STORY ADDITION - OPEN EXISTING WALL IN KITHCEN, INSTALL MICROLAM
FLUSH HEAD KITCHEN ADDITION 8X13'3"X12

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 $ 9,820

Construction Official

08/02/99
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	45
Fire Protection	92
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	35
Other ZREP	30
Total	274 -244
Check No.	4963
Cash	
Collected By	LRT

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 01/06/2000
Control #
Permit # 99-2881+A
Permit Issued 08/02/1999

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 819 Lot 10 Qual

Work Site Location 1591 WEST PRINCETON AVE
DISHWASHER/ELECTRIC
Owner in Fee TRAFER, THOMAS
Address SAME
BRICK NJ 08724-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DISHWASHER

PAYMENTS (Office Use Only)

Building	0
Electrical	9
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	9
Check No.	5132
Cash	
Collected By	CS

Estimated Cost of Work $ 50

J. Cuccinello/ AS
Construction Official

01/06/2000
Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/19/99
Date Issued 8/2/99
Control # C19-910
Permit # 99-2881

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

Block 819 Lot 10 Qual
Work Site Location 1591 WEST PRINCETON AVE
1ST STORY ADDITION
Owner in Fee TRAFER, THOMAS
Address SAME
BRICK, NJ 08724-
Tele. [redacted]
Contractor THOMAS HANSEN AND SONS
Address 121 OCEAN GATE DR
BAYVILLE, NJ
Tele.(732)606-0073 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-7728063

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-30-99	FM.
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 112 Sq. Ft.
Volume of New Structure 1,344 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 9,170
2. Alteration $ 300
3. Total (1+2)$ 9,470

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

1ST STORY ADDITION - OPEN EXISTING WALL IN KITHCEN, INSTALL MICROLAM FLUSH HEAD KITCHEN ADDITION 8X13'3"X12

See Notes on 2x6 Rafters and Microlam Supports to Bearing (FM)

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	34
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 1
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 2

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/04/2000
Date Issued ~~01/01/1954~~
Control # 1-6-2000
Permit # 99-2881+A

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

Block 8'9 Lot 10 Qual
Work Site Location 1591 WEST PRINCETON AVE
DISHWASHER/ELECTRIC
Owner in Fee TRAFER, THOMAS
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 1/5/00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] OK
Date: 1-10-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			1/10/00	TO

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	3	KW Dishwasher	9
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

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

Paid [ ] Check #	Administrative Surcharge	$ 0
Collected by:	Minimum Fee	$ 9
	TOTAL FEE	$ 9
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/04/2000
Date Issued 01/01/1954
Control #
Permit # 99-2881 16A 2000

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

Block 819 Lot 10 Qual
Work Site Location 1591 WEST PRINCETON AVE
DISHWASHER/ELECTRIC
Owner in Fee TRAFER, THOMAS
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 1/5/00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	3	KW Dishwasher	9
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 9
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/19/99
Date Issued 8/12/99
Control # C19-910
Permit # 99-2881

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

Block 819 Lot 10 Qual
Work Site Location 1591 WEST PRINCETON AVE
1ST STORY ADDITION
Owner in Fee TRAFER, THOMAS
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7/26/99
Approved By:

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
5		Lighting Fixtures	
13		Receptacles	
5		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
23		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/19/99
Date Issued 8/2/99
Control # C19-910
Permit # 99-2881

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

Block 819 Lot 10 Qual
Work Site Location 1591 WEST PRINCETON AVE
1ST STORY ADDITION
Owner in Fee TRAFER, THOMAS
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 7-28
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] Systen		KITCHEN RENOV. ONLY
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust Systen	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	92
Other		0
Other		0

GAS ZONE

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	92
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/19/99
Date Issued 8/2/99
Control # C19-910
Permit # 99-2881

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

Block 819 Lot 10 Qual
Work Site Location 1591 WEST PRINCETON AVE
1ST STORY ADDITION
Owner in Fee TRAFER, THOMAS
Address SAME
BRICK, NJ 08724-
Tele.(__) Fax (__)
Contractor
Address

Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 7-28-99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-4-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			1-4-00	
Smoke Ctl				
TCO				
Final			1-4-00	
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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		KITCHEN REMOV. ONLY
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1 2	92
Other		0
Other		0

GAS RANGE

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	92
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received 08/03/99
Date Issued 8/12/99
Control # C4-81
Permit # 99-3071

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

Block 819 Lot 10 Qual
Work Site Location 1591 WEST PRINCETON AVE
ADDITION
Owner in Fee TRAFER, THOMAS
Address SAME
BRICK, NJ 08724-
Tele.(__) Fax (__)
Contractor
Address
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: BASEMENT
Total Est Cost of Fire Prot Work $ 300

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 8/11/99
Approved By: KCR
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			1-4-00	
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			1-4-00	
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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	3	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	3	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

- add B/R and detectors interconnect 1 ea. B/R 1 ea level
- new garage alls

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 07/19/99
Date Issued 8/2/99
Control # C19-910
Permit # 99-2881

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

Block 819 Lot 10 Qual
Work Site Location 1591 WEST PRINCETON AVE
1ST STORY ADDITION
Owner in Fee IRAFER, THOMAS
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7-20-99
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application 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)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 45
DCA Training Fee $ 0

Field check gas extension in kitchen

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 07/19/99
Date Issued 8/2/99
Control # C19-910
Permit # 99-2881

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

Block 819 Lot 10 Qual
Work Site Location 1591 WEST PRINCETON AVE
1ST STORY ADDITION
Owner in Fee TRAFER, THOMAS
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7-28-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 1-13-00

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	8-19-99		8-23-99	DW
Water				
Sewer				
Fixtures	1-4-00		1-13-00	DW
Gas Equip.				
Gas Piping			8-23-99	DW
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application 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)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 45
DCA Training Fee $ 0

Field check gas extension in kitchen

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

8-19-99 -

① Vent ⊘ close to skylight

② GAS not tested

14-00 - Dishwasher run to 3/4 inch line - No trap - Not indirect

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: 7-19-99 1999- 1201

Block 819 Lot 10 Zone R-7.5

Property Address: 1591 West Princeton Ave.

Owner: Thomas Trafer (Pho[redacted]

Applicant: same (Phone): same

Existing Use: Sfd

Proposed Use: same

Proposed Construction (if any):
8'x13'3", 12' high addition to Kitchen

Conditions:
The addition must be set back at least 6 ft from the side PL & 15' from the rear PL.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: July 19 1999 No. 1999-1201

Block 819 Lot 10 Zone: R-7.5

Property Address: 1591 West Princeton Avenue

Owner: Thomas Trafer Phone [redacted]

Applicant: Same Phone: Same

Existing Use: Single-family residential

Proposed Use: Same

Proposed Construction: 8' x 13'3", 12' high addition to kitchen

Conditions: The addition must be setback at leat 6' from the side property line and 15' from the rear property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean P. Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: 7-19-99 1999- 1201

Block 819 Lot 10 Zone R-7.5

Property Address: 1591 West Princeton Ave.

Owner: Thomas Trafer (Phone) [redacted]

Applicant: same (Phone): same

Existing Use: Sfd

Proposed Use: same

Proposed Construction (if any):
8'x13'3", 12' high addition to Kitchen

Conditions:
The addition must be set back at least 6 ft from the side PL & 15' from the rear PL.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JUL 19 1999
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 819 LOT 10

PROPERTY ADDRESS (number and street) 1591 W. Princeton Ave., Brick NJ 08724

NAME OF PROPERTY OWNER Thomas Trafer

PERSONAL NAME OF APPLICANT Thomas Trafer

BUSINESS NAME OF APPLICANT N/A

MAILING ADDRESS OF APPLICANT 1591 W. Princeton Ave. Brick NJ 08724

TELEPHONE NUMBER OF APPLICAN [redacted]

PRESENT USE OF PROPERTY(check all that apply)

___Vacant Lot _X_Single-family dwelling ___Multi-family Dwelling

___Commercial(please describe)_____

PROPOSED USE OF PROPERTY(check all that apply)

___Vacant Lot _X_Single-family dwelling ___Multi-family Dwelling

___Commercial(please describe)_____

PROPOSED CONSTRUCTION Addition to Kitchen

_____

__All dimensions: 8' Width 13'3" Length 12' Height

Deck or Garage: _____Attached _____Detached _____Height

Fence: Style_____ Material_____ Height_____

CHECKLIST:

_X_All information completed above

_X_Two (2) copies of the property survey map containing:

_X_All existing and proposed structures

_X_All dimensions of the lot and structures

_X_All setbacks from the structures to the property lines

___All adjacent streets and waterways

___If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the site map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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 Thomas Trafer Date 7/18/99

Reviewed by Zoning Officer Date 7/18 (KMD)(X)Approved ()Rejected

B819 #99-2881
L 10 · #99-3071

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 1518R
Ticket #: 000308090
Date : 11/03/99

Customer ·CASH
CASH

Gross	13080 lb	Scale	1 09:50
Tare	8200 lb	Scale	2 10:39
Net	4880 lb		
	2.4400 tn		

Dep.#: CASH3 Plate #: 5 CU YDS

Sof load	Material	Location	Price/Unit	Total
132	BULKY - DEMO WOOD	BRICK TWP	63.27/tn	154.38

Current Account Balance: $

Total $ 154.38

DRIVER

Weigh Master: LM

REMARKS: NA-4040

Closure & Contingency:	$0.50/tn	Environmental Escrow- Type 10:	$14.92/tn
Solid Waste Service :	$1.20/tn	-Types 13, 22, 23, 25:	$23.19/tn
Closure Escrow :	$1.00/tn	Post Closure Fund .	$ 0.62/tn
S.C. Health Dept. :	$0.29/tn	Host Community Fund .	$ 4.50/tn

Existing Plumbing Fixtures

Shower

Tub

2-Bathroom sinks

2-Toilets

1 washing machine

1 kitchen sink

New Fixtures

Dishwasher

Thomas Trafer
1591 W. Princeton Ave
Brick NJ 08724

Thomas Trafer

ADDITION CHECK LIST

1 Construction Permit Application (jacket) yes ✓ no
Make sure jacket is signed yes ✓ no

2 Zoning application completed yes ✓ no

3 Engineering Form for an Addition yes ✓ no

4 Two plot plans showing addition and size L-W-H & setbacks of property yes ✓ no

5 Building, Plg, Fire, and Electrical Technical Forms Completed yes ✓ no

6 Two sets of plans drawn by an Architect with seal or can be drawn by homeowner for homeowners use. Existing floor plan and new addition floor plan showing alterations through existing walls and ceiling. yes ✓ no

7 Building Characteristics must be completed before accepting on front of jacket and/or application. yes ✓ no

8 Furnace/Boiler/AC Brochure if applicable N/A yes no ✓

9 Gas Diagram if applicable yes ✓ no
Plumbing Diagram if applicable

10 Floor plan of original house is needed showing smoke detectors as well as proposed addition showing smoke detectors. ✓

11 If addition is 25% more of house, we need to know:
1-window sizes in original house
2-Smoke Detectors hard wire battery back-up are needed. ✓

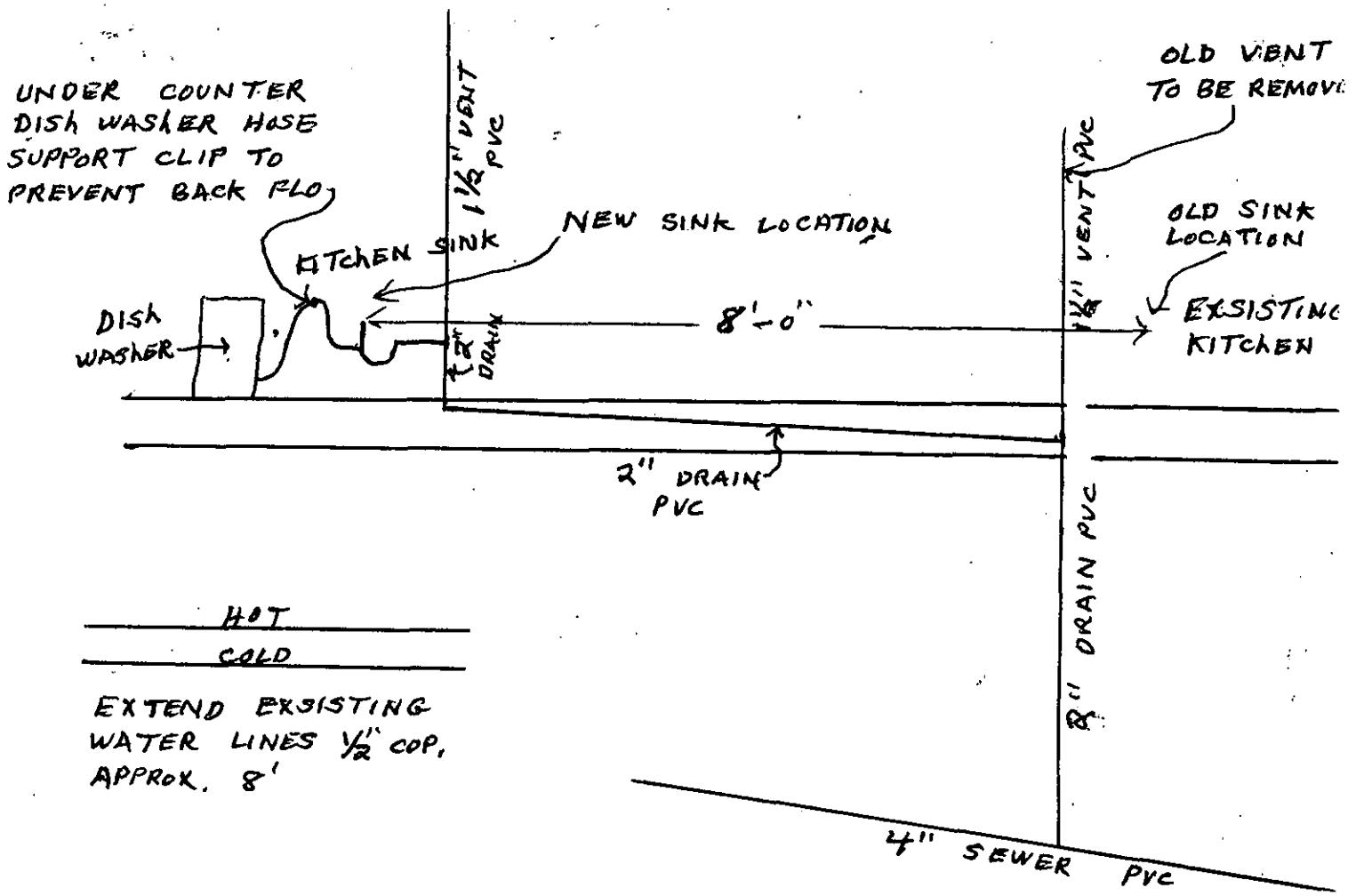
12 Cost of alteration separate from addition cost. yes ✓ no

13 List of existing plumbing fixtures that are in the house already. yes ✓ no

14 If adding gas burning fireplace, brochure is needed as well as gas piping sketching showing where it will be hooked up. Be sure to show TOTAL length of run as well as BTU's.

15 Need diagram of all electrical fixtures (lights, receptacles, switches, detectors) yes ✓ no ON PLANS

16 Debri form needs to be completed yes ✓ no



PIPING DIAGRAM

KITCHEN SINK & DISH-WASHER

THOMAS TRAFER
1575 W. PRINCETON AVE
BRICK, N.J. 206-1575

LOT 10 BLK. 819

PLAN & WORK BY OWNER!

Thomas Trafer

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 7-18-99

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 819 Lot: 10

Property Address: 1591 W. Princeton Ave

I, Thomas Trafer (name) of 1591 W. Princeton Ave. Brick, NJ 08724 (address)

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

Thomas Trafer
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

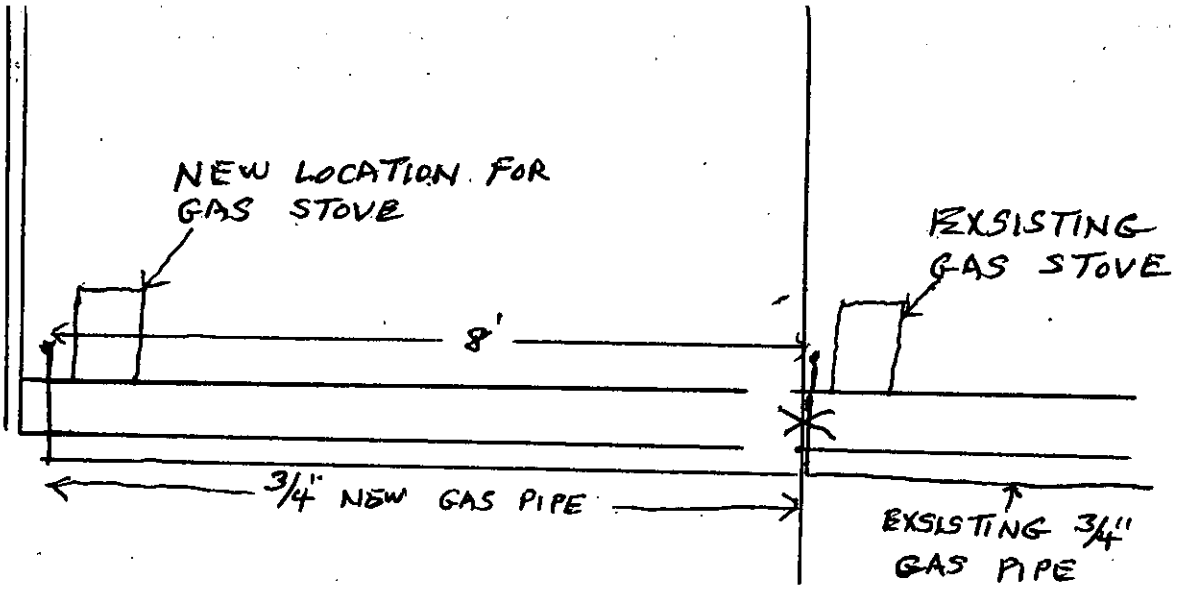
Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: 7/26/99 Signed: [signature]

Rejected: _____ Signed: _____

Comments: Kitchen Only!



GAS PIPING DIAGRAM

NEW LOCATION FOR GAS RANGE
EXTEND EXSISTING PIPE 8'

THOMAS TRAFER
1575 W. PRINCETON AVE.
BRICK, N.J. 206-1575

LOT 10 BLK, 819

PLAN & WORK BY OWNER:

Thomas Trafer

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation _____ Plan Review # _____

Fee _____ Date 7-28-98

JURISDICTION _____ *(City, County, Township, etc.)*

BUILDING LOCATION 1551 W. PRINCETON Ave *(Street address)*

BUILDING DESCRIPTION B-SFR W/L

REVIEWED BY ER

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-	Provide S/D in hall outside of future bedrooms and interconnect	
2-	S/D in garage not recommended by NFPA - replace w/ heat detector or remove	
3	Provide documentation of 1 HR rated ceiling assembly and show design	
4-	Provide existing S/D locations 1 on BR - 1st level	
5-	Need sill between garage & Den (4")	407.5
6-		
	Called 7-28-98 @ 9:00 Norm Hansen left message w/ wife	

8/9/10

8/9/10 #99-288
L 10 #99-3071

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 1518B
Ticket #: 000308090
Date : 11/03/99

Customer :CASH
CASH

Gross	13080 lb	Scale	1 09:50
Tare	8200 lb	Scale	2 10:39
Net	4880 lb		
	2.4400 tn		

Dep.#: CASH3 Plate #: 5 CU YDS

%of Load	Material	Location	Price/Unit	Total
132	BULKY - DEMO WOOD	BRICK TWP	63.27/tn	154.38

Total $ 154.38

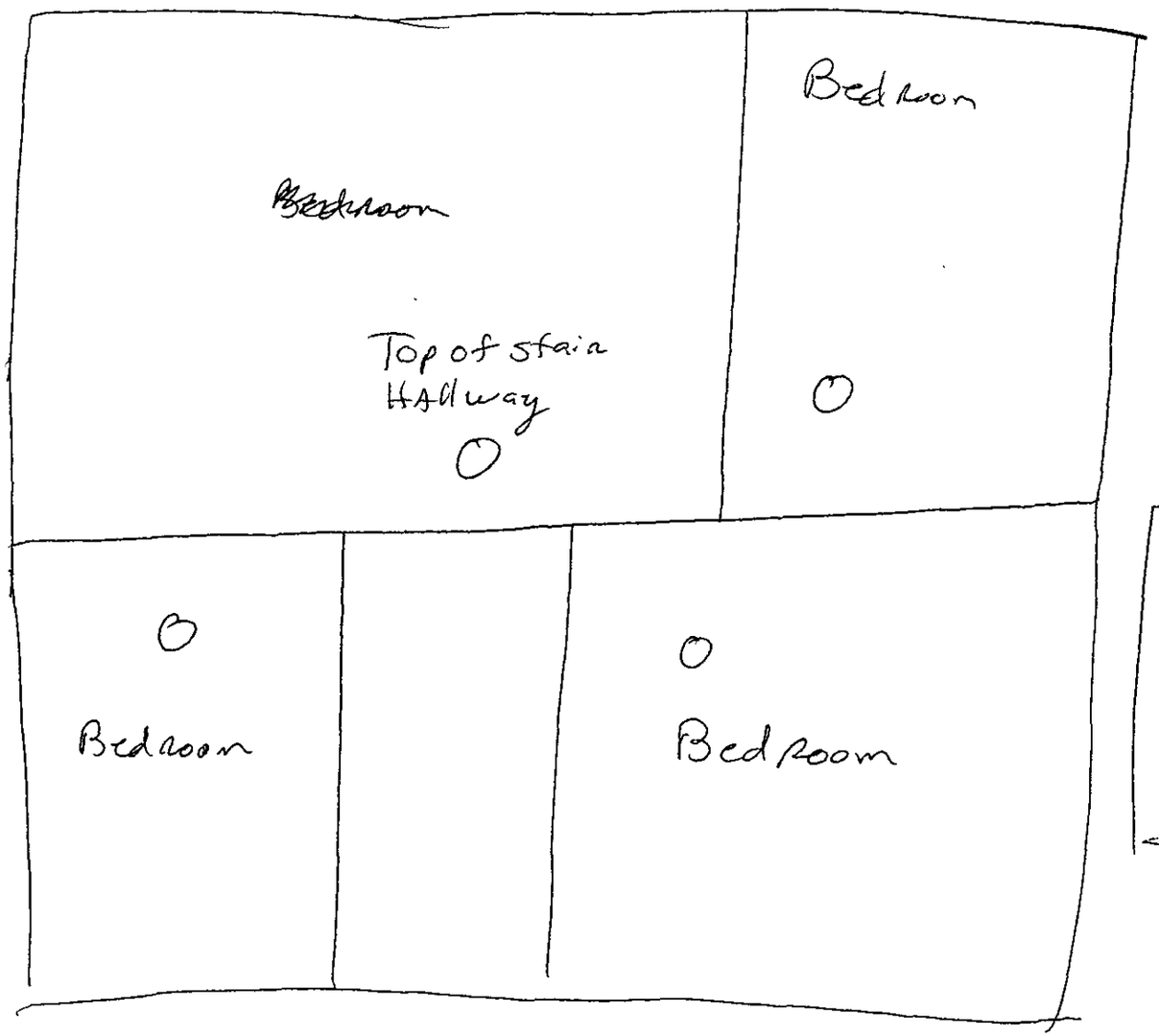
Current Account Balance: $

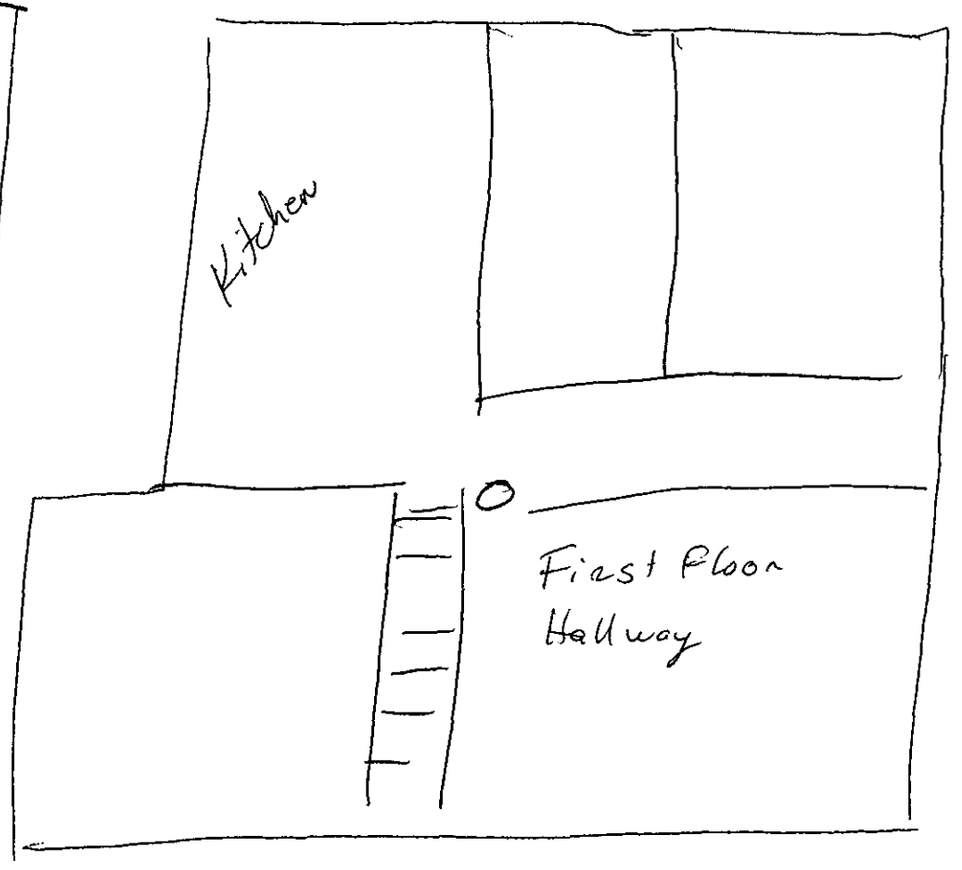
DRIVER

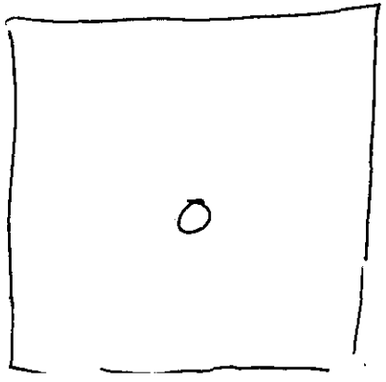
Weigh Master: LM

REMARKS: NA-404D

Closure & Contingency:	$0.50/tn	Environmental Escrow- Type 10:	$14.92/tn
Solid Waste Service :	$1.20/tn	-Types 13, 22, 23, 25:	$23.19/tn
Closure Escrow :	$1.00/tn	Post Closure Fund :	$ 0.62/tn
O.C. Health Dept. :	$0.29/tn	Host Community Fund :	$ 4.50/tn







Thomas Trafer

Thomas Trafer
1591 west Princeton Ave
Brick

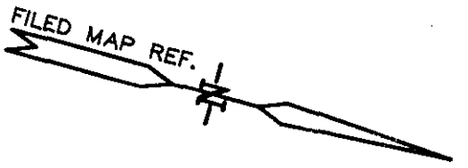
NOTES:

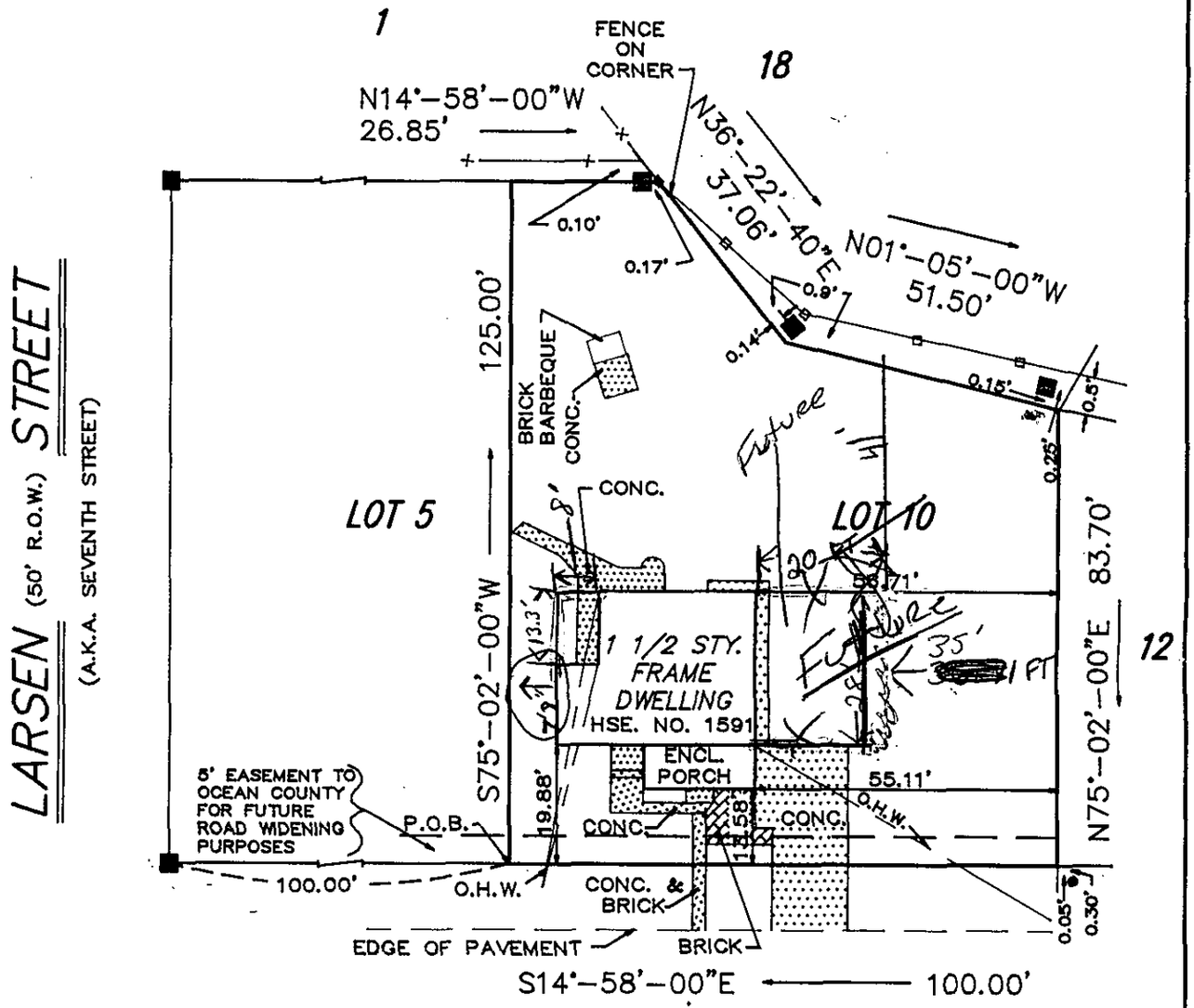
1. CONTRACTUAL AGREEMENT STATES THAT PROPERTY CORNERS ARE NOT TO BE SET BY THIS SURVEY.
2. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY.
3. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF N.J. AS TIDELANDS.
4. DEED REFERENCE: BOOK 4589, PAGE 745
5. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY
6. THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE

Title Co. File No. MS-55214

Job No. S-11607

A.K.A. 1591 W. PRINCETON AVE.





WEST PRINCETON (50' R.O.W.) AVENUE

Legend:

- ● — PIPE FOUND
- ■ — MONUMENT FOUND
- —□— — STOCKADE FENCE
- —x— — CHAIN LINK FENCE

Map of Survey

REV. 3/27/91

Certification:

I hereby certify this survey was made under my immediate supervision to:
THOMAS & JOANNA TRAFER H/W

MID-STATE ABSTRACT COMPANY/FIRST AMERICAN TITLE INSURANCE COMPANY

WILBERT & MONTENEGRO, P.A.

LUMBERMEN'S MORTGAGE CORPORATION ITS SUCCESSORS AND/OR ASSIGNEES

LOT 10, BLOCK 819, TAX MAP
BRICK TOWNSHIP --- OCEAN COUNTY --- NEW JERSEY

A.K.A. NEW LOT 10, BLOCK 24, AS SHOWN ON A MAP ENTITLED "MINOR SUBDIVISION LOT 5 THRU 11 INCL., BLOCK 819.24, ON THE OFFICIAL TAX MAP, TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY." FILED FEBRUARY 15, 1990, AS MAP NO. I-2269.

DELCO Land Surveying Corp.
917 North Main Street
Toms River, N.J. 08753
(908) 341-4200

SCALE	DATE
1" = 30'	3/19/91
DRAWN BY	SHEET
R.L.R.	1 OF 1

David J. Von Steenburg LICENSED LAND SURVEYOR N.J. LIC. # 34500
PROFESSIONAL PLANNER N.J. LIC. # 04675

David J. Von Steenburg DATE 3-27-91

APPROVED FOR ZONING ONLY
SARA KUSTERER, ZONING OFFICER
DATE July 19 1999
Sara Kusterer — addition —

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR: Thomas Trafes
ADDRESS: 1591 W. Princeton Ave.
Brick NJ
PHONE: [redacted]
LIC #: OWNER
LIC EXPIRATION DATE: —
FEDERAL EMPL # (or S.S. #): —

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
1	Sink
1	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
✓	Gas Piping – 8' new 3/4" pipe
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $ 150.00
Signature: Thomas Trafes
Owner ☒ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

FIRE

CONTRACTOR: Self
ADDRESS:
PHONE:
LIC #: EXP. DATE:
FEDERAL EMPL # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

	Capacity:	Fuel:
Flammable Liquip Storage Tanks		
Combustable Liquid Storage Tanks		
L.G.P. Storage Tanks		

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	Range Top – / wall oven
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature: Thomas Trafes
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:

Site Location: 1591 W. Princeton Ave. Date Rec'd:
Block: 819 Lot: 10 Date Issued:
Owner id Fee: Thomas Trafer Control #:
Address: 1591 W. Princeton Ave. Permit #:
Brick

State: NJ Zip: 08724 Phone: [redacted]
SS #: [redacted] Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR: Thomas Hansen + SONS
ADDRESS: 121 Ocean Gate Dr
Bayville, NJ
PHONE: [redacted]
LIC #: [redacted]
LIC. EXPIRATION DATE: —
FEDERAL EMP. #. (or S.S.#): [redacted]

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
open existing wall in Kitchen Install
2 - 1 3/8 x 12 microlam Flush header
Kitchen addition 8' x 13'3 x 12

TYPE OF WORK

- ☐ New Building
- ☒ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other:
- ☐ Other:
- ☐ Fence: Height (6' or More)
- ☐ Sign: Sq. Ft.
- ☐ Pool (In Ground)
- ☐ Pool (Above Ground)
- ☐ Asbestos Abatement
- ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories: 2
Height of Structure: 22'
Area - Largest Floor: 889 SQ FT
New Building Area / All Floors: 112 SQ FT
Volume of Structure: Total Land Disturbed: 112 SQ FT
Signature: Thomas Trafer

Estimated Cost of Building Work: 9170.
New Building (1): $ 9170.00
Alteration (2): $ 300.00
TOTAL (1+2): $ 9470.00
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:
Date:

ELECTRICAL

CONTRACTOR: Thomas Trafer
ADDRESS: 1591 W. Princeton Ave.
Brick, NJ
PHONE: [redacted]
LIC. #: Home owner EXP. DATE: —
FEDERAL EMPL. #: (or S.S. #): —

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	5	
Receptacles	13	
Switches	5	
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		KW
KW Oven / Surface Unit		KW
KW Elec. Water Heater		KW
KW Elec. Dryer / Receptacle		KW
KW Dishwasher		KW
HP Garbage Disposal		HP
KW Central A/C Unit		KW
HP/KW Space Heater/Air Handler		HP/KW
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service		AMP
AMP Subpanels		AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $ 100.00
Signature (print name): Thomas Trafer
Estimated Cost of Electrical Work: $ 100.00
Signature (print name): Thomas Trafer
Owner ☒ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

additional meters

Township of Brick
Counter Form
(PLEASE PRINT)

Update 99-2881+A

Site Location: 1591 W. Princeton Ave.
Block: 819 ~~Lot~~ Lot: 10
Owner's Name: Tom & Joanna Trafer
Owner's Mailing Address: 1591 W. Princeton Ave.
Brick NJ 08724
Phone: [redacted]

BUILDING

Contractor: _____
Address: _____
_____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____

Estimated Cost of Building Work: _____

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: owner
Address: 1591 W. Princeton Ave
Brick
Phone#: [redacted]
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	1 3 KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

9.00

Estimated Cost of Electrical Work: 50.00

Signature: Joanna Trafer
Please Print Name Joanna Trafer

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

1591 W. Princeton Ave. Brick, 819 10
Work Site Address Block Lot

Thomas Trafer 1591 W. Princeton Ave Brick, NJ 08724 [redacted]
Owner's Name, Address, Phone

Norman Hansen 121 Ocean Gate Dr. Bayville, NJ (732) 606-0073
Contractor's Name, Address, Phone

Construction Kitchen addition - single family
Describe type (Single -family home, etc.)

Demolition One inside wall
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material wood + cement

Name, address and phone of party responsible for removal of debris:

Thomas Trafer 1591 W. Princeton Ave Brick (732) 206-1575

Size of dumpster: /

Destination of discarded debris: Ocean County Land fill

Hauler's DEP Permit No.: /

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Thomas Trafer Thomas Trafer 7/18/99
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSU

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant