TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

RECEIVED
FEB 5 1992
DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: 1586 LARSEN ST
2. Owner Name: ANN ESTATES INC Tel. (908) 840-2121
   Address PO BOX 4485 BRICK NJ 08723
3. Principal Contractor: Same Tel. ( )
   Address
   Lic. No. or Builder Reg. No. 05546 Federal Emp. No.
4. Architect or Engineer: DCS architect Tel. (908) 367-1100
   Address 326 3rd St Lakewood NJ 08701
5. Responsible Person in Charge of Work Bernard Berkowitz Tel. (908) 840-2121

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☑ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

NEW RB

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$ 55100
2. ☑	Plumbing	3700
3. ☑	Electrical	2500
4. ☑	Fire Protection	500
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 62400

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ *Backflow Preventors*
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☑ One-Family (R–3a)

If new construction, enter no. of dwelling units ____

If other than new construction, enter no. of dwelling units:
Before Construction: ____
After Construction: ____
Net Gain (or loss): ____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use: ____

If Change in Use Group, Indicate Former: ____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ *Public (State, County or Local Govt.)*

B. HEATING FUEL

	Principal	Secondary	Type
3.	☑	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☑ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure 20± Ft.
16. Area–Largest Floor 1564 Sq. Ft.
17. Bldg. Area–All Fls. ____ Sq. Ft.
18. Volume of Structure 18676
19. Total Land Area Disturbed ____ Sq. Ft.

$19,24

LDS BR 10410237

U.C.C. Form F-100 (8/83)

20K

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Anne Sisto Inc by: Bernard Berkowitz TEL.(908) 470-2121

ADDRESS PO Box 4485

Bridgewater NJ 08723

SIGNATURE

BLOCK NO. 819.24 LOT NO. 5 SUBDIVISION _____ PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☒ Planning Board																	minor sub
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☑	BUILDING	2/5/92	WP	2/6/92	R [illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other 2 story			2/4/92	JK	4 story
☑	PLUMBING			2-5-92	[illegible]	
☐	ELECTRICAL	2-7-92	[illegible]	2-10-92	[illegible]	
☑	FIRE PROTECTION			2-6-92	[illegible]	Sprinkler R-3
☐	OTHER Eng			OK 2/24/92	reg.	3/5/92

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Eng ok

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION		6/22/92 JC	
✓	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
✓	Other			
✓	PLUMBING		5/28/92	
✓	ELECTRICAL		5/27/92	
	FIRE PROTECTION		5/28/92	
	OTHER			

c/e ✓

Hose ✓

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	
☐ Temporary Certificate of Occupancy Date Expired _____	
☑ Certificate of Occupancy No. 211	6/29/92
☐ Certificate of Continued Occupancy No. _____	
☐ Certificate of Approval No. _____	
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 158.00
PLUMBING	100.00
ELECTRICAL	.00
FIRE PROTECTION	60.00
OTHER _____	
SUBTOTAL	318.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(31.20)
D.C.A. TRAINING FEE .0006 x 18676	3.00
CERTIFICATE OF OCCUPANCY	48.00
OTHER _____	.00
OTHER Fees	5.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 433.00

DATE 2/24/92 Collected By [illegible]

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.00
OTHER			.00
OTHER			.00
– LESS: Refunds			(.00)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ .00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ .00
COLLECTED AFTER PERMIT (VB)	.00
TOTAL	$ .00

2-24-92

CERTIFICATE

Date Issued 6-29-92
Control #
Permit # 211-92

IDENTIFICATION

Block 819 Lot 5
Work Site Location 1586 Larsen Street

Owner in Fee Ann Estates, Inc.
Address P.O. Box 4485
Brick, NJ
Tele. ( )
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 729541
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Single family dwelling

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

XX☐ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

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

Arthur J. Curtis
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK

APPLICATION FOR CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block 819 Lot 5
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:

Name ANN ESTATES
Address PO Box 4485 Brick
Town/State/Zip _____ Tel. (____) 840 2121

CONSTRUCTION LOCATION:

Address 1586 Carlton St

ACTION

☑ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 62400

(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

☑ Owner
☐ Agent

J.C.C. Form F-270 (8/83)

CONSTRUCTION PERMIT

Date Issued 2-24-92
Control #
Permit # 211-92

IDENTIFICATION Block 819.24 Lot 5

Work Site Location 1586 Larsen St.

Owner in Fee Penn Estates Inc.
Address P.O. Box 4485
Erie, Pa
Tele. ( )

Contractor Same
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date**0002**
Federal Emp. No. 211**
or Social Security No. LOT 5 # 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Single fam. dwelling
Val. 18,676.

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 $ 62400.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	BUILDING	158.00
Plumbing	BUILDING	158.00
Electrical		
Fire Protection	BUILDING	-158.00
Other	PLUMBING	100.00
Other	FIRE	60.00
DCA Training Fee	PLAN RVW	32.00
Cert. of Occ.	D.C.A.	30.00
Other	C / O	48.00
Total	TREES	5.00
Check No.	TOTAL	433.00
Cash		
Collected By:		

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-24-92
Control #
Permit # 211-92

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

Block 819-24 Lot 5
Work Site Location 1586 LARSEN ST
Owner in Fee ANN ESTATES INC
Address PO Box 4485
BRICK NJ 08723
Tele. (908) 840-2121
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 05546
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
2 Story Colonial (Supplemental)
1 Car Garage
Crawl Space

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	2/26/92	AR
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 6-22-92
Approved By: J. Chandler

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			3-2-92	JC
Foundation			3/4/92	JC
Slab				
Frame			3/30/92	JC
Insulation			4/1/92	JC
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____ 2
Height of Structure ____ 20± Ft.
Area—Largest Floor 1564 Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure 18676 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 55700
2. Alteration $ ____
3. Total (1+2) $ 55700

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-24-92
Control #
Permit # 211-92

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

Block 819-24 Lot 5
Work Site Location 1586 LARSEN ST
Owner in Fee ANN ESTATES INC
Address PO Box 4485
BRICK NJ 08723
Tele. (908) 840-2121
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 05546
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
2 Story Colonial (Sunplans)
Lean to Garage
Crawl Space

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	2/24/92	MK
[ ] 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				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		2
No. of Stories		
Height of Structure		20± Ft.
Area—Largest Floor		1564 Sq. Ft.
Total Bldg. Area/All Floors		Sq. Ft.
Volume of Structure		18676 Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 55700
2. Alteration $
3. Total (1+2) $ 55700

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Other

[ ] Demolition
[ ] Miscellaneous
- [ ] Fence Height
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Elevator
- [ ] Asbestos Abatement
- [ ] Other

(Office Use Only) FEE

$

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-24-92
Control #
Permit # 211-92

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

Block 519-24 Lot 5
Work Site Location 1586 LARSEN ST

Owner in Fee ANN ESTATES INC
Address PO Box 4485
BRICK NJ 08723
Tele. (908) 540-2121
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 05546
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
2 Story (Slonal (Sev plans)
1 car garage
Crawl Space

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-01	JK
[ ] 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				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories		2
Height of Structure		25± Ft.
Area—Largest Floor		1564 Sq. Ft.
Total Bldg. Area/All Floors		Sq. Ft.
Volume of Structure		18676 Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 55700
2. Alteration $
3. Total (1+2) $ 55700

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

Brick
OFF Rt 88 EAST

Rough PRO > Ready
off Forge Pond Rd

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued MAR 26 92
Control # 0 0 4 4 4 9
Permit #

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

Block 819.24 Lot 5
Work Site Location 1586 LARSEN ST. BRICK
Owner in Fee ANN ESTATES
Address Rt 88 Brick
Tele. ( ) 840-2121
Contractor EUREKA ELEC. SER.
Address P.O. Box 75 OSBORNVILLE Brick N.J.
Tele. ( ) 255-2822
Lic. No. 4872
Federal Emp. No. 221814013. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Dwelling Utility Co. B# 1943356
Est. Cost of Elec. Work $ 2000.00

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:
[X] CO [ ] CCO [ ] CA
Date: 5.7.92
Approved by: B Kallusz

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initials
Rough			3.26.92	BK#24
Temporary			3.26.92	BK#24
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued 3.26.92 BK#24
Final Cut-in-Card Date Issued 5.7.92 BK#24
Line Dept. P.P.

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
32		Receptacles (2)	
21		Switches (3)	
63		Total 1 + 2 + 3	48
		Range	
		Oven(s)	
		Surface Unit	
1		Dishwasher Bond Off	4
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
5		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
1		Central heat: oil, (gas) or elec.	2
		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	
100 Amp		Service Entrance	10
		Other	

Administrative Surcharge $
Paid [ ] Check # 7837 Minimum Fee $ 64
Collected by: TOTAL FEE $ 64
4/1/92

U.C.C. Form F-120A 1 White = Inspector Copy 2 Canary = Office Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-24-92
Control #
Permit # 211.92

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

Block 819.24 Lot 5
Work Site Location 1556 Larsen ST

Owner In Fee ANN ESTATES INC
Address PO BOX 4495
BRICK NJ 08723
Tele. (908) 840-2121
Contractor Same
Address
Tele. ( )
Lic. No. 05546
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present / Proposed R 3
Constr. Class. Present / Proposed 5
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: UTILITY 2HR - COMB AIR
Total Est. Cost of Fire Prot. Work $ 400 — [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 2-24-92
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 NEW R-3 (2 STORY)

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 AC/DC	5	
Heat Detectors INTERCONN		10
TOTAL	5	
Stand Pipes		5
Kitchen Hood Exhaust Systems	1	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	25
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 20
Collected by TOTAL FEE $ 60

U.C.C. Form F-140A
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 # 2-24-92
Permit # 21-92

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

Block 819-24 Lot 5
Work Site Location 1586 Larsen St

Owner in Fee ANN ESTATES INC
Address PO Box 4485
Brick NJ 08723
Tele. (908) 840-2121
Contractor Same
Address
Tele. ( )
Lic. No. 05546
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present — Proposed R-3 Letter Submitted
Constr. Class. Present — Proposed 5
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: UTILITY Rm - COMB AIR
Total Est. Cost of Fire Prot. Work $ 400 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 2/24/92
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 5/28/92
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			5/28/92	JE
Mechanical			5/28/92	JE
TCO Final				
Other			5/28/92	JE
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 NEW R-3 (2 STORY)

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 AC/DC	5	
Heat Detectors Intrusive		
TOTAL	5	10
Stand Pipes		5
Kitchen Hood Exhaust Systems	1	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	25
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 20
Collected by TOTAL FEE $ 60

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-24-92
Control #
Permit # ~~2-24-92~~ 211-92

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

Block 819.24 Lot 5
Work Site Location 1586 LARSEN ST

Owner in Fee ANN ESTATES INC
Address PO Box 4485 BRICK, NJ 08723
Tele. (908) 840 2121
Contractor Haack Plumbing & Heating, Inc.
Address 201 Lincoln Avenue
Pine Beach, N.J. 08741
Tele. (201) 244-1682
Lic. No. 4768
Federal Emp. No. 22-2063414 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓
Building Sewer Size 4"
Water Service Size ¾
Estimated Cost of Plumbing Work $ 3700.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2-5-92
Approved by: Jack

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 Final				
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-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
1	Bath Tub	5—
2	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5—
1	Dishwasher	5—
	Drinking Fountain	
1	Washing Machine	5—
2	Hose Bibb	
1	Gas Piping	15—
	Fuel Oil Piping	
1	Water Heater	5—
1	~~Steam Boiler~~ F-RAI	15—
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	15—
1	Sewer Connection	
1	Water Service Connection	
1	Gas Service Connection	
	Active Solar System	
3	Other Unit	10—

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 100—

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-24-92
Control #
Permit # ~~2-24-92~~ 211-92

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

Block 819.24 Lot 5
Work Site Location 1556 LARSEN ST

Owner in Fee ANN ESTATES INC
Address PO Box 4485 BRICK, NJ 08723
Tele. (908) 840 2121
Contractor Haack Plumbing & Heating, Inc.
Address 201 Lincoln Avenue
Pine Beach, N.J. 08741
Tele. (201) 244-1682
Lic. No. 4768
Federal Emp. No. 22-2063414 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2-5-92
Approved by: Dan

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 Final				
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-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
1	Bath Tub	5
2	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
2	Hose Bibb	
1	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	5
1	~~Steam Boiler~~ FURNACE	15
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	15
1	Sewer Connection	
1	Water Service Connection	
1	Gas Service Connection	
	Active Solar System	
1	Other GAS	10

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 100

J. HAACK LICENSED MASTER PLUMBER STATE OF NEW JERSEY 4768

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

INSPECTOR: L. Schafer

DATE: 4-30-92

JOB: "11 --- /

SECTION: Forge Pond

TYPE OF WORK: Final Eng

WEATHER: Sunny

LOCATION: 1586 Larsen St

TEMPERATURE: 60°'s

BLOCK: 819.24 LOT: 5

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	N/A	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

Ok 4 LP 5/1/92

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of

_____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: Hafer

DATE: 4-30-92

JOB: 1

SECTION: Forge Pond

TYPE OF WORK: Final Eng

WEATHER: Sunny

LOCATION: 1586 Larsen St

TEMPERATURE: 60°'s

BLOCK: 819.24 LOT: 5

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	N/A	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. *Note on going construction in immediate area*	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

Ok 4 LD 5/1/92

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of

_____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR:

DATE: 4-30-92

JOB:

SECTION:

TYPE OF WORK:

WEATHER:

LOCATION:

TEMPERATURE: 60°

BLOCK: 619.24 LOT: 5

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	N/A	
5. Landscaping & Sodding	-	
6. Clean-up Procedures	-	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

PETER T. WEIMER
WENDY C. HOCKINS
158 GREENWOOD LOOP ROAD
BRICK, NEW JERSEY 08724

May 29, 1992

Re: Permit #211-92
BL 819.24 Lot 5

Ann Estates, Inc.
P. O. Box 4485
Brick, NJ 08723

ATTN: Mr. Berkowitz

RE: 1586 LARSEN STREET
BRICK, NJ 08723

Dear Mr. Berkowitz:

Per our agreement this letter is to confirm that we will be putting in our own gas range in the above-referenced house after we have the closing. We will be responsible to pay the cost ourselves and in turn you will give us a credit of $350.00 (per your letter) at the closing.

Very truly yours,

Wendy C. Hockins

Wendy C. Hockins

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-24-92
Control #
Permit # ~~2-24-92~~ 211-92

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

Block 819.24 Lot 5
Work Site Location 1586 LARSEN ST

Owner in Fee ANN ESTATES INC
Address PO Box 4485 BRICK, NJ 08723
Tele. (908) 840 2121
Contractor Haack Plumbing & Heating, Inc.
Address 201 Lincoln Avenue
Pine Beach, N.J. 08741
Tele. (201) 244-1682
Lic. No. 4768
Federal Emp. No. 22-2063414 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ✓
Building Sewer Size 4"
Water Service Size 3/4
Estimated Cost of Plumbing Work $ 3700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2-5-92
Approved by: Jan

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: 2/26/92
Date:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			3-20-92	
Water				
Sewer				
Fixtures				
Gas Equipment			3-20-92	
Gas Final				
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-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
1	Bath Tub	5
2	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
2	Hose Bibb	
1	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	5
1	~~Steam Boiler~~ FURN	15
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	15
1	Sewer Connection	
1	Water Service Connection	
4	Gas Service Connection	
	Active Solar System	
3	Other UNIT	10

Administrative Surcharge $
Paid [ ] Check # ____ Minimum Fee $
Collected by: ____ TOTAL $ 100

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

THE [illegible]

MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 6-29-92

NAME Ann Estates

ADDRESS P.O. Box 4485 Brick, NJ 08723

PROPERTY LOCATION 1586 Larsen St.

Account No. L770414 **Block** 819 **Lot** 5

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Joan Mosty

RESIDENTIAL WARRANTY CORPORATION™

P.O. BOX 641, HARRISBURG, PA 17108-0641
NATIONWIDE 1-800-247-1812

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: ANN ESTATES

Purchaser(s) Name: Wendy C. Hockins & Peter T. Weimer

Legal Address of Home Enrolled:

Lot	Block	Development
5	814.24	

1586 LAREN ST.
Street Address

City	County	State	Zip
BRICK	OCEAN	NJ.	08723

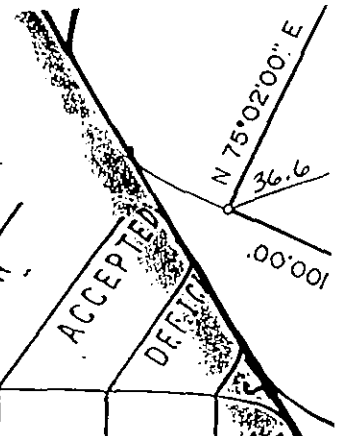
RWC Enrollment No: 729541

Date: 02-28-1992

RWC SEAL:
(Void unless sealed)

RWC Representative: Sandra L Smith

Form #604
Rev. 10/91



	SHOWN	ACCEPTED	DEFIC.	
15. Location of Floodway Boundary/Hazard Area				
16. Fresh Water Wetlands				✓
17. Parking Areas	✓	✓		
18. Facility & Connections: Water/Sewer/Gas/Elec.	✓	✓		
19. Plantings, Seedlings, Screeenings, Fences, Signs			✓	
20. Streets	✓	✓		
21. Curbing			✓	
22. Description of alterations/Rel. of watercourse				✓
23. Prior Appr: Army Corp./D.E.P./Wetlands Etc.				✓
24: Dam Safety				✓
25. Soil Conservation Service				✓
26. Planning Board				✓

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE [illegible]			2/5/92
REVISED			
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER			
REVISED			
REVISED			
REVISED			

364 2030

PLOT PLAN REVIEW

CHECK LIST

TOWNSHIP OF BRICK

BLOCK: 819.24 LOT: 5 DATE RECEIVED: 2/5/92

ADDRESS:

APPLICANT: Ann Estates PHONE:

CONTRACTOR: same PHONE:

ADDRESS: 15 So Larsen St SUBDIVISION: Ann Est.

TYPE OF WORK: new dwelling ZONING APPROVAL: ✓

REVIEW: FLOOD ZONE IDENTIFIED BY FIRM C ELEV. —

PANEL # 0006 C MAP# 345285 DATED: 3/1/84

FEMA LETTER ~~RECEIVED~~: YES ~~NO~~

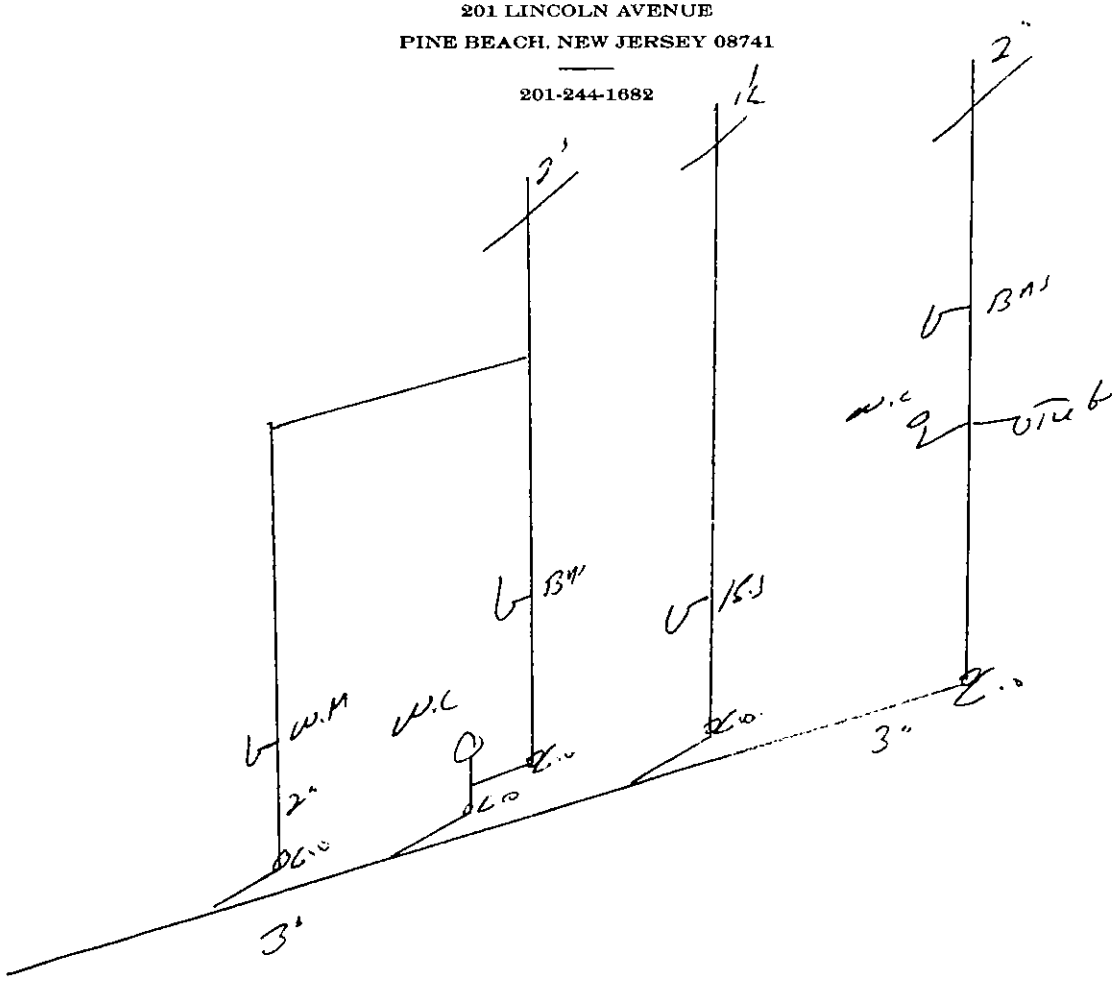
	SHOWN	ACCEPTED	DEFICIENT	N/A
Site Plan &/or Survey signed & sealed				
Draw to a scale of not less than 1"=100'	✓	✓		
Existing Elevations (NGVD in Flood Zones)	✓	✓		
Side Property Lines @ Dwelling & Prop. Corners	✓	✓		
Street Gutter, Top Curb & Center Line Elev.	✓	✓		
Contours: 1' increments/If elev. fluctuates <2'	✓			✓
Adjacent Dwelling Corners			✓	
Proposed Grading	✓		✓	
Garage/1st floor/Crawlspace/Basement Elev.	✓	✓		
Lot Grading/Filling & Final Elevation			✓	
Method of Draining			✓	
Flood Openings Sized & placed				✓
Driveway Width/Type & Drainage	✓	✓		
Dimensions/Acreage of Parcel in question	✓	✓		

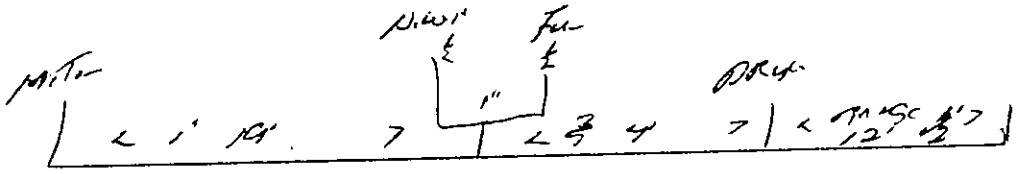
HAACK PLUMBING & HEATING, INC.

201 LINCOLN AVENUE

PINE BEACH, NEW JERSEY 08741

201-244-1682





1" = 10'

½ 4'

½ 12'

3" TOTAL

FOR

DRAIN

H.W.H

MAIN

B.T.

7000

3000

3000

30,00

60.00 TOTAL

TO: OCEAN COUNTY CONSTRUCTION INSPECTION DEPARTMENT
ATTN: PLUMBING SUB-CODE OFFICIAL

REF.: DCA BULLETIN 87-1
N.J.A.C. 5:23-3.15(b)
NSPC 4.2.4

DATE: _____

THIS IS TO CERTIFY THAT I, (NAME) Haack Plumbing & Heating, Inc.,

(BUSINESS ADDRESS) 201 Lincoln Avenue, Pine Beach, N.J. 08741,

(TEL. NO.) 201 244-1682.

WILL INSTALL ALL SOLDERED JOINTS AND FITTINGS FOR THE POTABLE WATER SYSTEM IN THE FOLLOWING BUILDING, (OWNER) _____,

(ADDRESS) _____,

(BLOCK & LOT) _____;

USING SOLDER AND FLUX HAVING A LEAD CONTENT OF NOT MORE THAN 0.2 PERCENT IN ACCORDANCE WITH THE ABOVE REFERENCES.

_____
(SIGNATURE & SEAL)
(NOTARIZED IF HOMEOWNER)

(1)

COMBINED GROSS WALL THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Wall Component	Area	Resistance	A/R
Glass Double Glazed Wood	170.02	2	85.01
Glass			
Glass			
Door Thermal	63	15.49	4.06
Door			
Wall Exterior Siding	1247.78	15.46	80.71
Framing	220.19	6.81	32.33
Wall Garage Partition	113.6	15.81	7.18
Framing	20.04	7.16	2.79
Wall			
Framing			
Header or Rim Joist	229.33	17.03	13.46
Exposed Basement Wall			
Exposed Basement Wall			
Basement Glass			
Basement Glass			
Total	2063.96		225.54

U_o Wall = $\frac{A/R}{A} = \frac{225.54}{2063.96} = .10.92$ BTU/h-ft^2-oF

U_o Wall Code Limit = 0.23

Y Meets Code

_____ Does Not Meet Code

Comm # 540501

(2)

COMBINED GROSS ROOF/CEILING THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Roof/Ceiling Component	Area	Resistance	A/R
Non-Cathedral Roof Ceiling	800	31.67	25.26
Framing	88	10.88	8.08
Cathedral Roof/Ceiling			
Total	888		33.34

U_o Roof = $\frac{A/R}{A}$ = $\frac{33.34}{888}$ = .037 BTU/h-ft^{2}-^{o}F

U_o Roof Code Limit = 0.05*

✓ Meets Code

_____ Does Not Meet Code

*0.08 for the cathedral portion of the roof.

Comm # 840501

(3)

COMBINED GROSS FLOOR THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Floor Component		Area	Resistance	A/R
Floor	R-19	800	21.07	37.96
Framing		88	1.43	7.78
	Totals	888		45.74

U_o Floor = $\frac{A/R}{A}$ = $\frac{45.74}{888}$ = .051 BTU/h-ft^2-^{o}F

U_o Floor Code Limit = 0.08

✓ Meets Code

____ Does Not Meet Code

Comm #840501

ALTERNATE METHOD: TOTAL ENVELOPE CONFORMANCE

	A Gross Area	Total A/R	U_o Code Limit	A x U_o Limit
Wall			0.23	
Non-Cathedral Roof/Ceiling			0.05	
Cathedral Roof/Ceiling			0.08	
Floor				
	(1) Grand Total	BTU/H x ^oF	(2) Total	BTU/H x ^oF

_____ Meets Code

_____ Does Not Meet Code

If the grand total (1) of the wall, roof/ceiling and floor A/R values is equal to or less than the total (2) of the A x U_o Code Limits for the wall, roof/ceiling and floor, the Total Envelope meets the Code, even though the wall, roof/ceiling or floor may not.

If the total envelope calculation indicates that the desired construction does not meet code requirements, make changes in the structure to add insulation, reduce glass areas or use insulating glass as required to meet the code requirements.

Comm # 8410501

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West
Brick, New Jersey 08724
(201) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME **Ann Estates** TEL. NO. **840-2121**

ADDRESS **P.O. Box 4485 Brick, NJ 087233**

PROPERTY IN QUESTION:

BLOCK **819** LOT(S) **5** ADDRESS **West Princeton Ave.**

BTMUA ACCOUNT NUMBER **L770414**

SINGLE FAMILY RESIDENTIAL (IN EXISTING SUB-DIVISIONS ONLY)

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS REQUIRED.	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS:

WATER 120 West Princeton Ave
(STREET)

SEWER 120 West Princeton Ave.
(STREET)

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION IS NOT REQUIRED.	____	____
3. UTILITY SERVICE IS PLANNED FOR CONSTRUCTION DURING THE BUDGET YEAR ENDING MARCH 31, 19____. SERVICE MAY BE AVAILABLE SOME TIME THEREABOUT.	____	____

ALL OTHER DEVELOPMENT

EXISTING BRICK TOWNSHIP MUA LINES ARE AS SHOWN ON ATTACHED UTILITY ~~TAX~~ MAP DRAWING NO. 45B.

APPLICANT/DEVELOPER IS REQUIRED TO SUBMIT A FORMAL DEVELOPER APPLICATION TO THE AUTHORITY AS SET OUT IN BRICK TOWNSHIP ZONING ORDINANCE NO. 354-79 AS AMENDED, AND AS REQUIRED BY BRICK TOWNSHIP MUA RULES AND REGULATIONS (LATEST REVISION).

DATE: Jan. 24, 1992 SIGNED: Janis, Ann S. Siddigui

NOTE: STATEMENT GOOD FOR
90 DAYS ONLY

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA.

2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.

3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

   APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

   A DEPOSIT OF $130 IS REQUIRED.

   LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 6 AND 8 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).

5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.

   INSPECTIONS WILL NOT BE MADE UNLESS THE PERMIT HAS BEEN OBTAINED.

6. WATER METER

   A METER AND A REMOTE READOUT WILL BE INSTALLED.

   IF YOU ARE BUILDING ON A SLAB BASE, PLEASE MAKE ARRANGEMENTS WITH YOUR BUILDER TO RUN A PAIR OF WIRES (18 GAUGE, 2 CONDUIT SOLID BELL WIRE) FROM THE INSIDE METER LOCATION TO WHERE THE OUTSIDE READOUT IS TO BE LOCATED, OR CALL THE BTMUA TO DO SO. THIS MUST BE DONE PRIOR TO INSTALLATION OF SHEET ROCK FOR INTERIOR WALLS.

   AFTER ALL INSPECTIONS HAVE BEEN COMPLETED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO SCHEDULE THE WATER METER INSTALLATION.

7. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ANY OPEN TAP FEES AND PERMIT FEES MUST BE PAID IN FULL.

8. INITIAL SERVICE CHARGES

   IF THE OWNER DESIRES, THE APPLICABLE INITIAL SERVICE CHARGES MAY BE PAID IN QUARTERLY INSTALLMENTS (PLUS INTEREST) ACCORDING TO AN ESTABLISHED PAYMENT PLAN. SEE OUR CUSTOMER ACCOUNT DIVISION FOR DETAILS.

Name of Applicant ANN ESTATES INC.

Address 1886 Larsen St

Property is Block 819 Lot(s) 5

Residential ✓ Commercial

Address if different from applicant

(Mail) PO Box 4485 Brick

Location of trees on property: Oaks are scattered throughout property - only ones needed for construction & front yard will be removed - leftside yard trees to remain

Number of trees presently on property:

Additional information to enable the application to be properly evaluated:

Fee: ($5.00) for trees located on individual building lot.

$15.00 per acre for all other lands.

Recommendation from Shade Tree Commission:

LEAVE AT LEAST 7 TREES. Otherwise OK

ISSUED PERMIT # 1950

P 2/24/92

2/11/92

Date

Sterling [illegible]

Forester

Signature of Chairman

Action by Council: Approved Denied

Date

Township Clerk

DIRECTIONS FOR COMPLETION OF SHADE TREE PERMIT Telephone #_____

1. Name of Applicant & Address_____

Give name and address of person applying for permit. If applicant is other than owner, give and identify names and addresses of both.

2. Property is Block_____ Lot(s)_____

This information is available from your deed or tax bill.

3. Address if different from applicant_____

Give street and number if one is assigned. If there is no street number, estimat distance and direction from nearest intersection or other easily recognizable landmark.

4. Location of trees on property_____ and number of trees presently on property*_____.

A. For individual building lots:

Provide either a copy of a recent survey, or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch.

Include existing buildings, driveways and other constructions in SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed a to genus and species if desired, otherwise include a C inside circle for coniferous (pine, etc.) trees and a D for deciduous trees.

*Note Trees to be removed will have an X through the circle. 

If removal is desired because of proposed construction of any kind, include such construction in dotted lines and identify. If planting of new trees (including but not limited to those in note below) is proposed in application to replace those removed, or for any other reason, show approximate proposed location with a dotted circle and specify species and approximate planting size (height and caliper).

There should be a minimum of one tree for each 2000 sq. ft after all proposed tree removal and replacement. (e.g. an 80 x 100 lot includes 8000 sq. ft. and would require a minimum of 4 trees.

B. For other acreage.

Include copy of subdivision plot plan or equivalent outlining all wooded areas and solitary trees. Identify each (e.g. "heavily wooded mature Oak with scattered Dogwood", "sparsely wooded mixed Pitch Pine and small Oak, etc.

Same minimum of one tree per 2000 sq. ft. as above should be observed.

NOTE: "Tree" for the purposes of this permit, means (1) any live coniferous tree 4" or more DBH (diameter breast high:) (2) any deciduous tree (live) 3" or more DBH (3) any live American Holly or Dogwood 1' or more, one foot above the ground; and (4) any live Laurel 3' or more across root crown.

THE RESPONSIBILITY OF HAVING THIS APPLICATION PROCESSED BY THE SHADE TREE COMMISSION, RESTS SOLELY UPON THE APPLICANT.

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date 2-5-92

Property Address 1586 Lawson St. Block 819.24 Lot 5

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		( )	( )
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 16

Gallons per minute 11.6

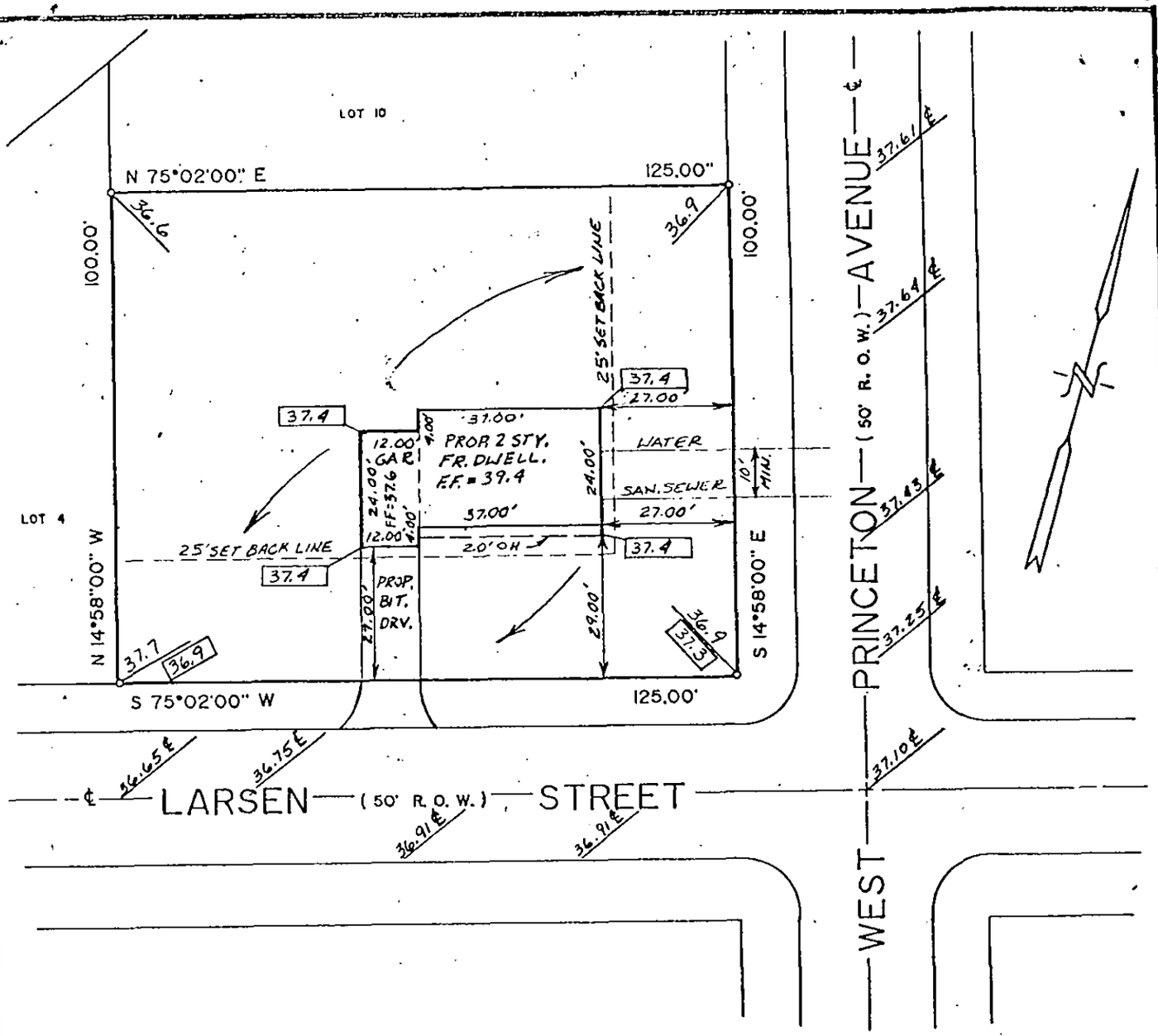
Size of Service 3/4"

Date: 2-5-92 Approved: _____

Brick Township Plumbing Inspector

	SHOWN	ACCEPTED	DEFICIENT	N/A
15. Location of Floodway Boundary/Hazard Area				✓
16. Fresh Water Wetlands	✓	✓		
17. Parking Areas	✓	✓		
18. Facility & Connections: Water/Sewer/Gas/Elec.			✓	
19. Plantings, Seedlings, Screeenings, Fences, Signs	✓	✓		
20. Streets			✓	
21. Curbing				✓
22. Description of alterations/Rel. of watercourse				✓
23. Prior Appr: Army Corp./D.E.P./Wetlands Etc.				✓
24. Dam Safety				✓
25. Soil Conservation Service				✓
26. Planning Board				

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE EC			2/5/92
REVISED EC		2/19/92	
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER		2/24/92	
REVISED			
REVISED			
REVISED			



NOTES:

1. 14.0 - EXISTING ELEVATION.
2. [14.0] - PROPOSED ELEVATION.
3. ELEVATIONS BASED ON N.G.V.D.
4. PUBLIC WATER AND SEWER AVAILABLE.
5. DRIVEWAY TO BE IN ACCORDANCE WITH BRICK TOWNSHIP REGULATIONS.

THIS PLAN IS FOR THE PURPOSE OF OBTAINING A BUILDING PERMIT. DIMENSIONS AND ELEVATIONS SHOWN HEREON ARE TO BE VERIFIED BY BUILDER PRIOR TO STARTING CONSTRUCTION.

PLOT PLAN

LOT 5 BLOCK 819

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

ROBERT B. POWERS
PROFESSIONAL ENGINEER & LAND SURVEYOR
N.J. LIC. NO. 9463

CENTRAL JERSEY ENGINEERS, INC.
1182 Ocean Avenue
Lakewood, N.J. 08701

SCALE: 1" = 30'	
DRAWN BY: R. E. B.	CHK'D. BY: RBP
JOB NO.: 1752 - 20	
DATE: 1 - 30 - 92	

PLOT PLAN REVIEW
CHECK LIST

TOWNSHIP OF BRICK

BLOCK: 819.24 LOT: 5 DATE RECEIVED: 2/5/92

ADDRESS:

APPLICANT: Ann Estates PHONE:

CONTRACTOR: same PHONE:

ADDRESS: 15 So Larsen St SUBDIVISION: Ann Est. ✓

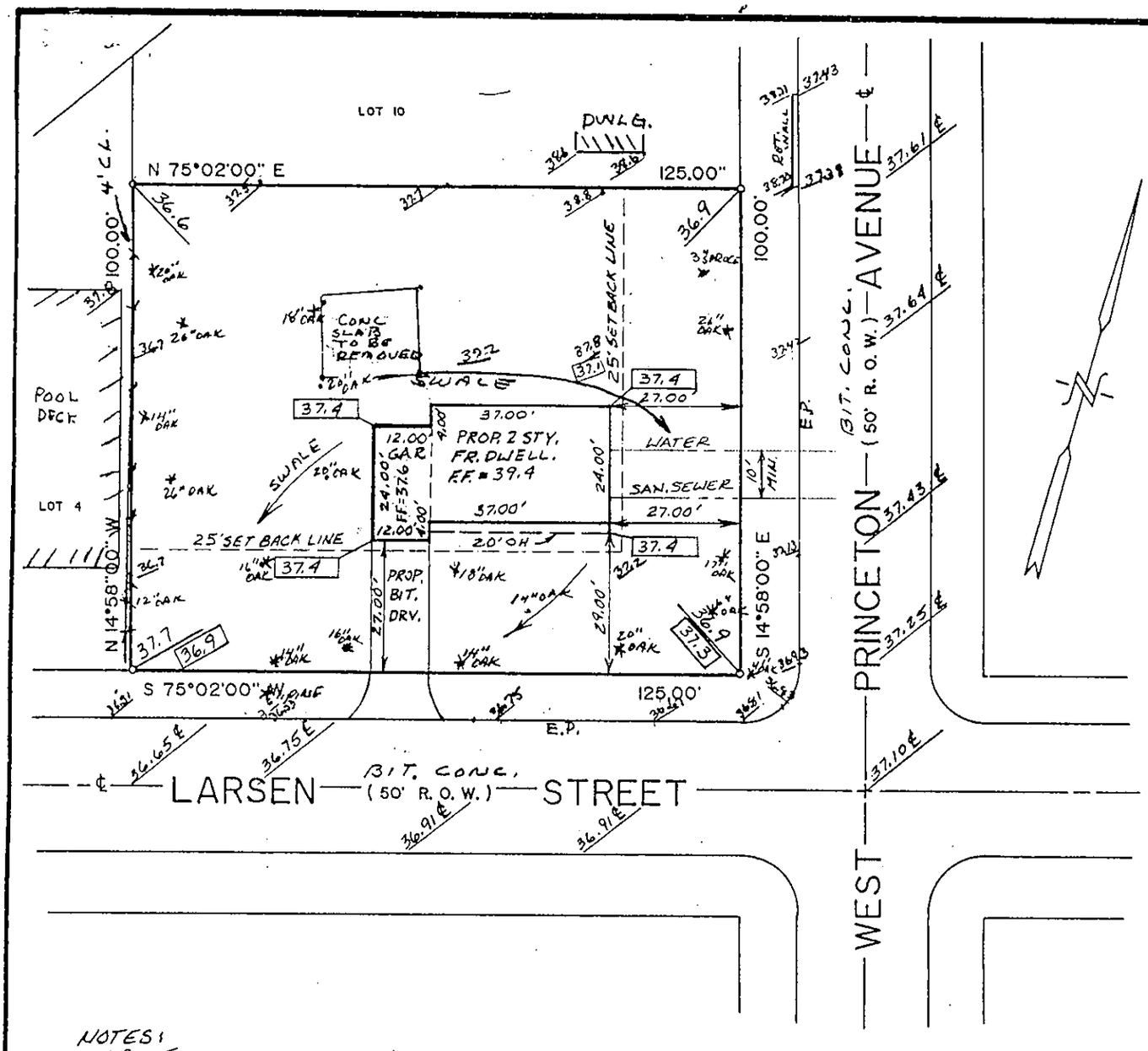
TYPE OF WORK: new dwelling ZONING APPROVAL:

REVIEW: FLOOD ZONE IDENTIFIED BY FIRM C ELEV. —

PANEL # 0006 C MAP# 345285 DATED: 3/1/84

FEMA LETTER RECEIVED: YES ~~NO~~

	SHOWN	ACCEPTED	DEFICIENT	N/A
Site Plan &/or Survey signed & sealed				
Draw to a scale of not less than 1"=100'	✓	✓		
Existing Elevations (NGVD in Flood Zones)	✓	✓		
Side Property Lines @ Dwelling & Prop.Corners	✓	✓		
Street Gutter,Top Curb & Center Line Elev.	✓	✓		
Contours:1'increments/If elev.fluctuates<2'	✓			✓
Adjacent Dwelling Corners	✓	✓	✓	
Proposed Grading	✓	✓	✓	
Garage/1st floor/Crawlspace/Basement Elev.	✓	✓		
Lot Grading/Filling & Final Elevation	✓	✓	✓	
Method of Draining	✓	✓	✓	
Flood Openings Sized & placed				✓
Driveway Width/Type & Drainage	✓	✓		
Dimensions/Acreage of Parcel in question	✓	✓		



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PLOT PLAN

LOT 5 BLOCK 819

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

REU 2-19-92

ROBERT B. POWERS
PROFESSIONAL ENGINEER & LAND SURVEYOR
N.J. LIC. NO. 9463

CENTRAL JERSEY ENGINEERS, INC.
1182 Ocean Avenue
Lakewood, N.J. 08701

SCALE: 1" = 30'	
DRAWN BY: R. E. B.	CHK'D. BY: RBP
JOB NO.: 1752 - 20	
DATE: 1 - 30 - 92	

TOWNSHIP OF BRICK

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

Department of Engineering

- Municipal Engineer
(908) 477-3000, Ext. 273

REQUEST FOR INSPECTION

DATE: April 29, 1992 TIME: 9:00

NAME: _____ PHONE NUMBER: _____

DEVELOPMENT: Single Family Home

ADDRESS: 1586 Larson Street

DATE INSPECTION REQUESTED FOR: Thursday 30th

BLOCK: 819-24 LOT: 5

BLOCK: _____ LOT: _____

BLOCK: _____ LOT: _____

TYPE OF INSPECTION

PAVING: _____ GRAVEL: _____ STORM SEWER: _____

CURB: _____ SIDEWALK: _____ DRIVEWAY: X X X

BULKHEAD: _____ FINAL ENG.: _____

OTHER: _____

COMMENTS: Pouring around 10:00 —

NOTE: IF INSPECTIONS WILL BE OF A CONTINUING NATURE ASK FOR APPROXIMATE NUMBER OF DAYS. ON GOING UNTIL _____ (DATE)

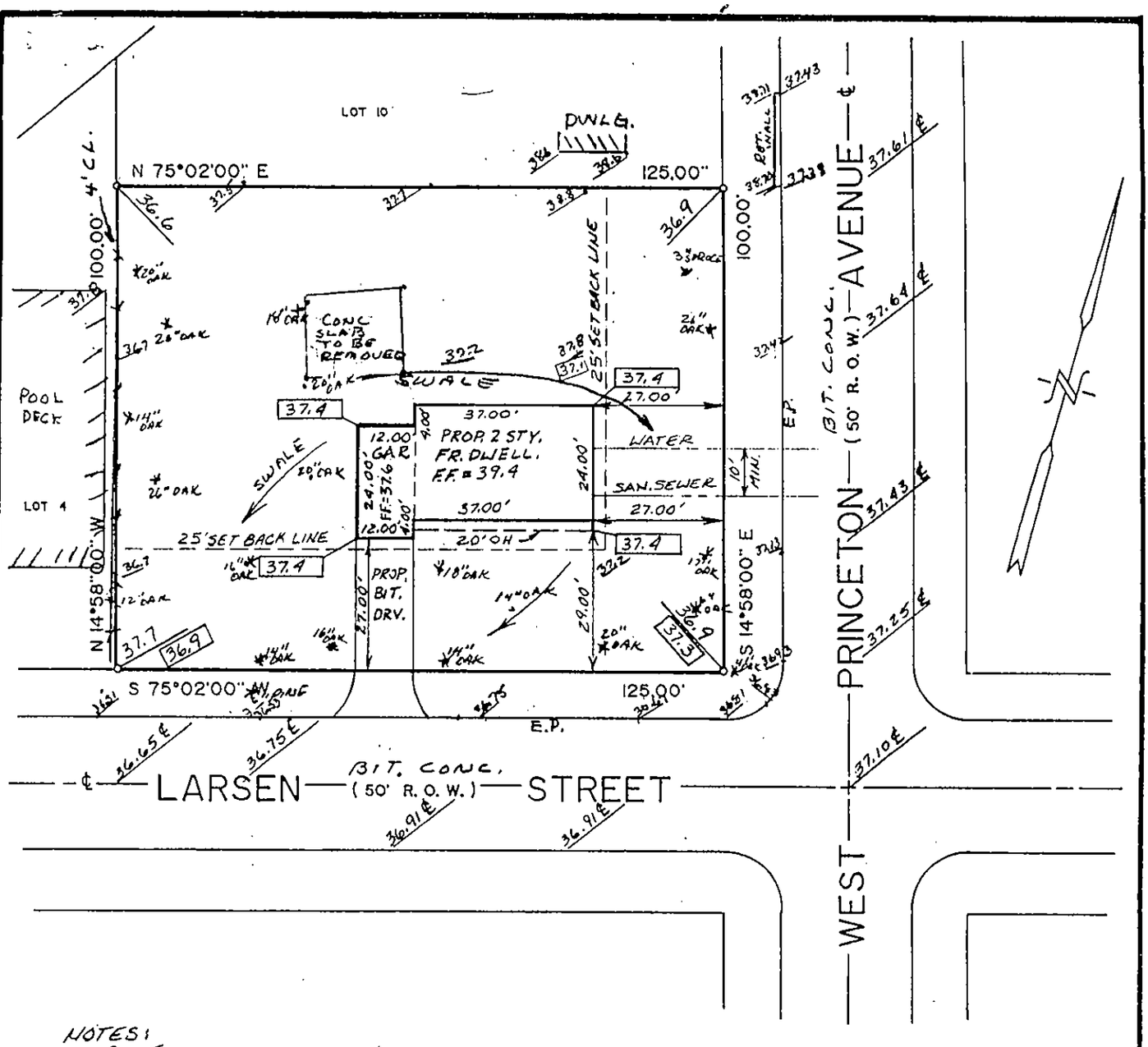
RECEIVED BY: Kim

INSPECTED BY: _____ DATE: _____
(Refer to DAILY REPORT NO. _____)

7³⁰-8⁰⁰ - Arrive @ site Met w/ Contr. (RA Simpson). Beginning to install R-Board. Pouring @ ±10⁰⁰ am.

10³⁰-11⁰⁰ Arrive @ site. Crew gone for materials. Ground base OK will return.

1⁰⁰-1³⁰ Arrive @ site. Crew finishing driveway and grading for CO. OK received ticket.



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PLOT PLAN

LOT 5 BLOCK 819

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

REV 2-19-92

ROBERT B. POWERS
PROFESSIONAL ENGINEER & LAND SURVEYOR
N.J. LIC. NO. 9463

CENTRAL JERSEY ENGINEERS, INC.
1182 Ocean Avenue
Lakewood, N.J. 08701

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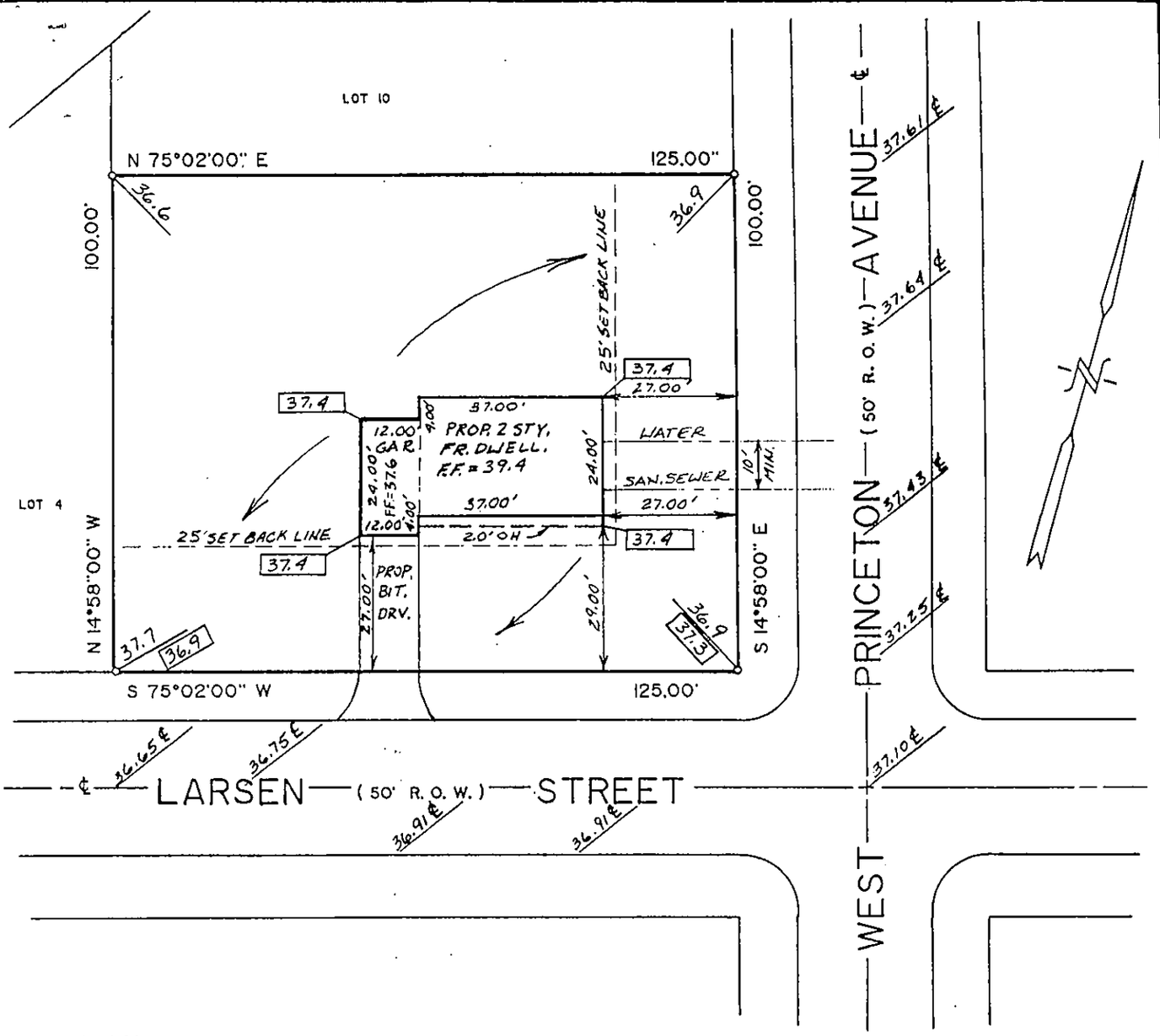

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4. PUBLIC WATER AND SEWER AVAILABLE.
5. DRIVEWAY TO BE IN ACCORDANCE WITH BRICK TOWNSHIP REGULATIONS.

DATE Stan Kenney 2/5/92

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PLOT PLAN

LOT 5 BLOCK 819

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

ROBERT B. POWERS
PROFESSIONAL ENGINEER & LAND SURVEYOR
N.J. LIC. NO. 9463

CENTRAL JERSEY ENGINEERS, INC.
1182 Ocean Avenue
Lakewood, N.J. 08701

SCALE: 1" = 30'	
DRAWN BY: R. E. B.	CHK'D. BY: RBP
JOB NO.: 1752 - 20	
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TOWNSHIP OF BRICK

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

Department of Engineering

- Municipal Engineer
(908) 477-3000, Ext. 273

REQUEST FOR INSPECTION

DATE: April 29, 1992 TIME: 9:00

NAME: _____ PHONE NUMBER: _____

DEVELOPMENT: Single Family Home

ADDRESS: 1586 Larson Street

DATE INSPECTION REQUESTED FOR: Thursday 30th

BLOCK: 819-24 LOT: 5

BLOCK: _____ LOT: _____

BLOCK: _____ LOT: _____

TYPE OF INSPECTION

PAVING: _____ GRAVEL: _____ STORM SEWER: _____

CURB: _____ SIDEWALK: _____ DRIVEWAY: X X X

BULKHEAD: _____ FINAL ENG.: _____

OTHER: _____

COMMENTS: Pouring around 12:00 —

NOTE: IF INSPECTIONS WILL BE OF A CONTINUING NATURE ASK FOR APPROXIMATE NUMBER OF DAYS. ON GOING UNTIL _____ (DATE)

RECEIVED BY: Kim

INSPECTED BY: _____ DATE: _____
(Refer to DAILY REPORT NO. _____)

7³⁰-8⁰⁰ - Arrive @ site. Met w/ Contr. (RA Simpson). Beginning to install R-Blend. Paving @ ±10⁰⁰ am.

10³⁰-11⁰⁰ Arrive @ site. Crew gone for materials. Gravel base OK will return.

1⁰⁰-1³⁰ Arrive @ site. Crew finishing driveway and grading for CO. OK received ticket.

PLOT PLAN REVIEW

CHECK LIST

TOWNSHIP OF BRICK

BLOCK: 819.24 LOT: 5 DATE RECEIVED: 2/5/92

ADDRESS:

APPLICANT: Ann Estates PHONE:

CONTRACTOR: Same PHONE:

ADDRESS: 15 86 Lassen St SUBDIVISION: Ann Est. #6

TYPE OF WORK: new dwelling ZONING APPROVAL: ✓

REVIEW: FLOOD ZONE IDENTIFIED BY FIRM C ELEV. —

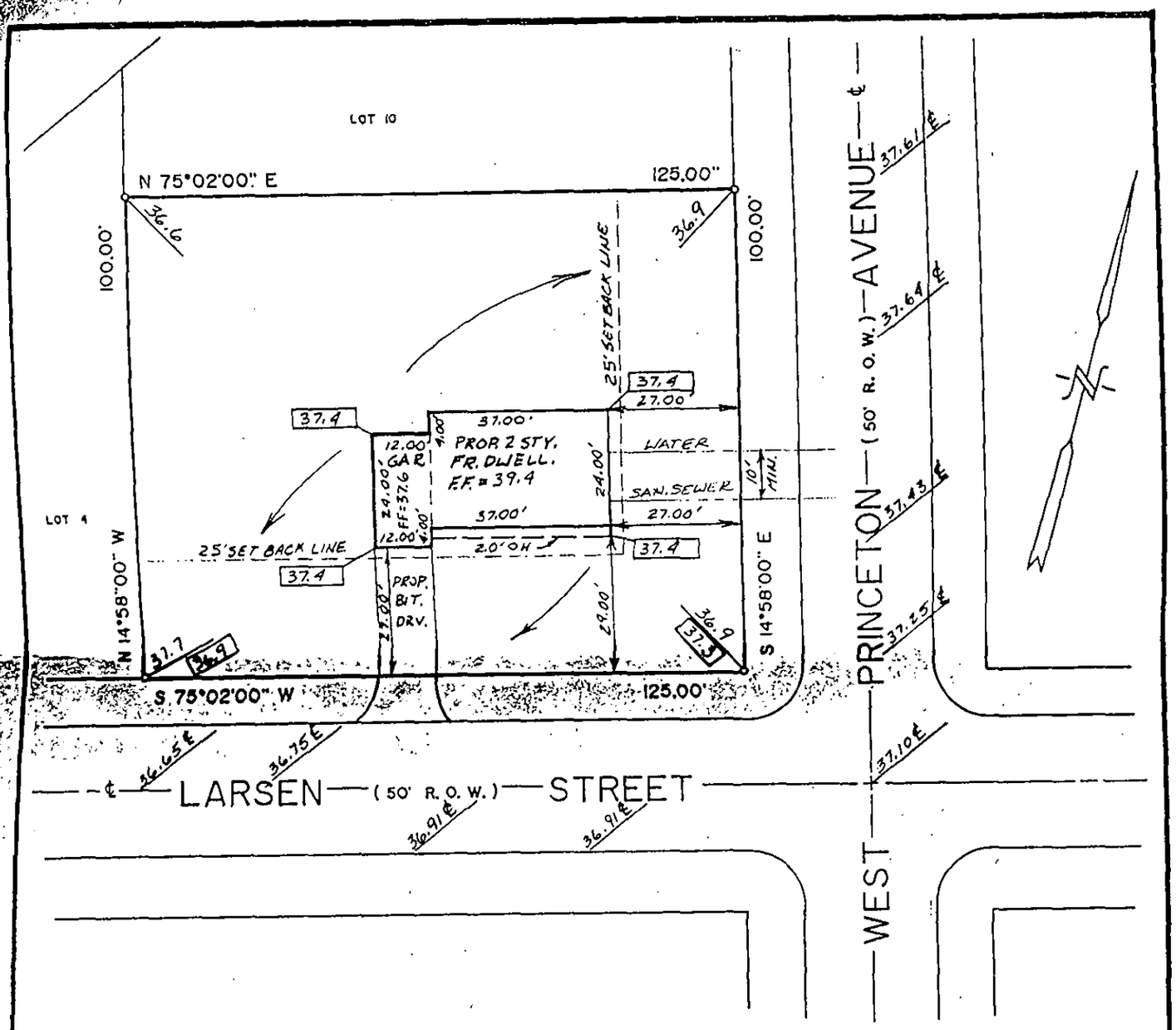
PANEL # 0006 C MAP# 345283 DATED: 3/1/84

CMA LETTER RECEIVED: YES ~~NO~~

	SHOWN	ACCEPTED	DEFICIENT	N/A
Site Plan &/or Survey signed & sealed				
Draw to a scale of not less than 1"=100'	✓	✓		
Existing Elevations (NGVD in Flood Zones)	✓	✓		
Side Property Lines @ Dwelling & Prop.Corners	✓	✓		
Street Gutter,Top Curb & Center Line Elev.	✓	✓		
Contours:1'increments/If elev.fluctuates<2'	✓			✓
Adjacent Dwelling Corners	✓	✓	✓	
Proposed Grading	✓	✓	✓	
Garage/1st floor/Crawlspace/Basement Elev.	✓	✓		
Lot Grading/Filling & Final Elevation	✓	✓	✓	
Method of Draining	✓	✓	✓	
Flood Openings Sized & placed				✓
Driveway Width/Type & Drainage	✓	✓		
Dimensions/Acreage of Parcel in question	✓	✓		

	SHOWN	ACCEPTED	DEFICIENT	N/A
15.Location of Floodway Boundary/Hazard Area				✓
16.Fresh Water Wetlands	✓	✓		
17.Parking Areas	✓	✓		
18.Facility & Connections:Water/Sewer/Gas/Elec.			✓	
19.Plantings,Seedlings,Screeenings,Fences,Signs	✓	✓		
20.Streets			✓	
21.Curbing				✓
22.Description of alterations/Rel.of watercourse				✓
23.Prior Appr:Army Corp./D.E.P./Wetlands Etc.				✓
24:Dam Safety				✓
25.Soil Conservation Service				✓
26.Planning Board				✓

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE E.C.			2/5/92
REVISED E.C		2/14/92	
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER		2/24/92	
REVISED			
REVISED			
REVISED			



NOTES:

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3. ELEVATIONS BASED ON N.G.V.D.
4. PUBLIC WATER AND SEWER AVAILABLE.
5. DRIVEWAY TO BE IN ACCORDANCE WITH BRICK TOWNSHIP REGULATIONS.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE Sean Kinney 2/5/92

THIS PLAN IS FOR THE PURPOSE OF OBTAINING A BUILDING PERMIT. DIMENSIONS AND ELEVATIONS SHOWN HEREON ARE TO BE VERIFIED BY BUILDER PRIOR TO STARTING CONSTRUCTION.

PLOT PLAN

LOT 5 BLOCK 819

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

ROBERT B. POWERS
PROFESSIONAL ENGINEER & LAND SURVEYOR
N.J. LIC. NO. 5463

CENTRAL JERSEY ENGINEERS, INC.
1182 Ocean Avenue
Lakewood, N.J. 08701

SCALE: 1" = 30'
DRAWN BY: R. E. B. | CHK'D. BY: RBP
JOB NO.: 1752 - 20
DATE: 1 - 30 - 92