BLOCK 819 LOT 10 ADDRESS (SITE) PERMIT NO. 2136-94

RECEIVED
JUL 28 1994

CONSTRUCTION PERMIT APPLICATION

Application for Inspection: Complete Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1 Proposed Work-site at: 1591 WEST PRINSTON AVE

2 Name of Owner in Fee: THOMAS TRAFER Tel. [redacted]

Address 1591 WEST PRINSTON AVE 08723
street municipality zip code BRICK N.J.

3 Ownership in Fee: Public ____ Private X

4 Principal Contractor: THOMAS HANSEN & SONS Tel. (458-2702

Address 12 C TRAIL BRICK, N.J.

License No. OR, if new home, Builder Reg. No. 222-209-676 Exp. Date ____

Federal Emp. No. 22-2209676 Social Security No. [redacted]

5. Architect or Engineer OWNER

Address SAME

6. Responsible Person In Charge of Work THOMAS HANSEN Tel. (458-2702

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 11 —		
2. Electrical			
3. Plumbing			
4. Fire Protection	46		
5. Other			
6. Subtotal	$ 57		
Less 20% for State Plan Review	6		
8. Subtotal	$		
9. DCA Training Fee	2		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 85		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	102
5. Volume of Structure ____ cu. ft.	1200
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft.	
no ____	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

Addition

	Est. Cost
1 ☐ Minor Work (single trade)	
2 ☐ Small Job ($5,000 and no prior approvals)	
3 ☐ New Building	
4 ☒ Addition	16,400.00
5 ☒ Alteration	200.00
6 ☒ Fire Protection	200.00
7 ☒ Plumbing	200.00
8. ☒ Electrical	200.00
9 ☐ Asbestos Abatement	
10 ☐ Demolition	
TOTAL COSTS	17,000.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
AA	7/28/94		7/28/94	RG	6/7/95		
			7/28/94	J.E.	6/19/95	ok	
					1-10-95		
	7/28/94						

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 ____
After Construction ____
Net gain or loss ____

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

LDS BR 10411444

2 of

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature Thomas E. Trafton Date 7/25/94

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Planning Board							X	X
☐ Zoning Board			X	X	X	X	X	X
☐ Sewer Authority							X	X
☐ Water Authority							X	X
☐ Fire Department					X	X	X	X
☐ Police Department			X	X	X	X	X	X
☐ Health Department					X	X		
☐ Soil Conservation							X	X
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X		
☐ N.J. Department of Transportation	X	X	X	X	X	X		
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X		
☐ Utility Dig No.			X	X	X	X	X	X
☒ Other Zoning	NK	7/22/94	2nd floor addn.					
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. EXEMPT

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

Date Issued 7-28-94
Control #
Permit # 2136-94

IDENTIFICATION Block 819 Lot 10

Work Site Location 1591 West Rinc-on Ave Contractor Hansen

Address

Owner in Fee Tom Prater

Address Sona.

Tele. ( )

Lic. No. or Bldrs. Reg. No. **0002** Exp. Date 2136##

Tele. ( ) Federal Emp. No.

or Social Security No. BLOCK 819 # 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

2ND FL. Addition

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 $ 12,000-

G. D. Cerino
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	1/- 10 #	0.00
Plumbing	BUILDING	11.00
Electrical	FIRE	46.00
Fire Protection	4/6 SPRAN RUN	6.00
Other	5 PR 6 N.C.A.	2.00
Other	C / O	20.00
DCA Training Fee	2 TOTAL	85.00
Cert. of Occ.	2 CHECK	85.00
Other	CHANGE	0.00
Total 7/28/94 NO. 5 00190005		4:50
Check No.	2152	
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 7-28-94
Control #
Permit # 2136-94

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
Work Site Location 1591 WEST PRINSTON AVE BRICK, N.J.
Owner in Fee THOMAS TRAFER
Address 1591 WEST PRINSTON AVE BRICK, N.J.
Tele. ( ) [redacted]
Contractor THOMAS HANSEN & SONS
Address 12 C. TRAIL BRICK, N.J. 08723
Tele. ( ) 458-2702
Lic. No. or Bldrs. Reg. No. 22-209-676
Federal Emp. No. 22-2209676 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.

Thomas L. Hansen
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

7'X14'-6' SECOND FLOOR ADDITION. REPLACE PROBLEM ROOF.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7/28/94	LL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8-2-94
Approved By: J. Meola

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			12-5-94	JC
Insulation			12-9-94	JC
Finishes:	1/9/94			
Energy	NO INTER.	hansen		JC
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 2
Height of Structure 24'-6" Ft.
Area—Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure 840 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ 17,000.00

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

(Office Use Only)
FEE
$ ____

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

U.C.C. Form F-1108
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-28-94
Control #
Permit # 2136-94

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
Work Site Location 1591 WEST PRINSTON AVE BRICK, N.J.
Owner in Fee THOMAS TRAFER
Address 1591 WEST PRINSTON AVE BRICK, N.J
Tele. (___) [redacted]
Contractor THOMAS HANSEN & SONS
Address 12 C. TRAIL BRICK, N.J. 08723
Tele. (___) 458-2702
Lic. No. or Bldrs. Reg. No. 22-209-676
Federal Emp. No. 22-2209676 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.

Thomas L. Hansen
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

7'x14'-6' SECOND FLOOR ADDITION. REPLACE PROBLEM ROOF.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	7/28/94	RL
[ ] 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

Use Group Present ___ Proposed ___
Constr. Class Present ___ Proposed ___
No. of Stories 2
Height of Structure 24'-6" Ft.
Area—Largest Floor ___ Sq. Ft.
New Bldg. Area/All Floors ___ Sq. Ft.
Volume of New Structure 840 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ___
2. Alteration $ ___
3. Total (1+2) $ 17,000.00

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

(Office Use Only)
FEE

$ ___

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-6-91
Control #
Permit # 966-91

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
Work Site Location 1591 W. Princeton Ave
Bricktown NJ
Owner in Fee Joanna & Thomas Trafer
Address Same
Tele. [redacted]
Contractor Same
Address Same
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All	6/6/91	RL	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 6/6/91			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

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

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

Pre-Fab Shed
10'X12'

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

Brick 130 Main

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received Aug 2 94
Date Issued
Control #
Permit # 006944

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

Block 519 Lot 10
Work Site Location 1591 WEST PRINSTON AVE
BRICK N.J.
Owner in Fee THOMAS TRAFER
Address 1591 WEST PRINSTON AVE
BRICK, N.J.
Tele. (___) [redacted]
Contractor OWNER
Address SAME
Tele. (___) [redacted]
Lic. No. —
Federal Emp. No. — or Social Security No. —

B. ELECTRICAL CHARACTERISTICS

Use Group Present ___ Proposed X Generator 2nd FL
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as ___ Utility Co. ___
Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 1-10-95
Approved By: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initials
Rough	11-23-94	12-6-94	12-1-94	[initials]
Temporary	___	___	12-19-94	[initials]
Constr. Serv.	___	___	___	___
TCO	___	___	___	___
Other	___	___	___	___
Service	___	___	___	___
Final	1-6-95	___	1-10-95	[initials]

Temp. Cut-in-Card Date Issued 12-19-94
Final Cut-in-Card Date Issued 1-10-95

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.

Thomas Trafer
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
___		Fixtures (1)	
7		Receptacles (2)	
1		Switches (3)	
8		Total 1 + 2 + 3	40
___	___ Kw	Range	___
___	___ Kw	Oven(s)	___
___	___ Kw	Surface Unit	___
___	___ hp	Dishwasher	___
___	___ hp	Garbage Disposal	___
___	___ Kw	Dryer	___
___	___ Kw	A/C Unit	___
___		Burglar Alarms	___
___		Intercoms Panels	___
6		Smoke Detectors	___
___	___ hp	Whirlpool/spa	___
___		Pool Bonding	___
___	___ hp	Pool Filter Motor	___
___		Pool Lights	___
___	___ Kw	Water Heater(s)	___
___	___ Kw	Central heat: oil, gas or elec.	___
___	___ Kw	Baseboard Heat Units	___
___		Thermostats	___
___	___ hp	Heat Pump	___
___	___ hp	Pump(s)	___
___	___ Amp	Motor Control Center/Sub Panels	___
___		Signs	___
___	___	Light Standards	___
___	___ hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
1	200 Amp	Service Entrance	33
___	___	Other	___

Paid [✓] Check # 2200
Collected by: ___

Administrative Surcharge	$ ___
Minimum Fee	$ 73
DCA Training Fee	$ ___
TOTAL FEE	$ ___

U.C.C. Form F-120B

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

1/24/94 (1) Wire Building Cleared one Room Top of Stairwell
(2) Closet Lite needs proper Clearance
(3) Need Plastic fuchtig on nipple
(4) Sprinkler Need proper Clearance

1.6.95 (1) Need suitable Lite for Storage area
(2) Terminate wire properly in utility

B.F.D.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued Aug 2 94
Control #
Permit # 006944

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

Block 519 Lot 10
Work Site Location 1591 WEST PRINSTON AVE BRICK, N.J.
Owner in Fee THOMAS TRAFER
Address 1591 WEST PRINSTON AVE BRICK, N.J.
Tele. (___) [redacted]
Contractor OWNER
Address SAME
Tele. (___) [redacted]
Lic. No. [redacted]
Federal Emp. No. — or Social Security No. —

B. ELECTRICAL CHARACTERISTICS

Use Group Present ___ Proposed X Remodeling Dwelling
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as ___ Utility Co. ___
Est. Cost of Elec. Work $ 800.00

JOB SUMMARY (Office Use Only)

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

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Thomas Trafer
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
___		Fixtures (1)	
7		Receptacles (2)	
1		Switches (3)	
8		Total 1 + 2 + 3	
___	___ Kw	Range	40
___	___ Kw	Oven(s)	___
___	___ Kw	Surface Unit	___
___	___ hp	Dishwasher	___
___	___ hp	Garbage Disposal	___
___	___ Kw	Dryer	___
___	___ Kw	A/C Unit	___
___		Burglar Alarms	___
___		Intercoms Panels	___
6		Smoke Detectors	___
___	___ hp	Whirlpool/spa	___
___		Pool Bonding	___
___	___ hp	Pool Filter Motor	___
___		Pool Lights	___
___	___ Kw	Water Heater(s)	___
___	___ Kw	Central heat: oil, gas or elec.	___
___	___ Kw	Baseboard Heat Units	___
___		Thermostats	___
___	___ hp	Heat Pump	___
___	___ hp	Pump(s)	___
___	___ Amp	Motor Control Center/Sub Panels	___
___		Signs	___
___	___	Light Standards	___
___	___ hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
1	200 Amp	Service Entrance	23
___	___	Other	___

Paid [✓] Check # 2200
Collected by: ___

Administrative Surcharge	$ ___
Minimum Fee	$ 73
DCA Training Fee	$ ___
TOTAL FEE	$ ___

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Princeton

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7-28-94
Control #
Permit # 2136-94

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
Work Site Location 1591 WEST PRINSTON AVE
BRICK, N.J.
Owner in Fee THOMAS TRAFER
Address 1591 WEST PRINSTON AVE
BRICK N.J.
Tele. ( ) [redacted]
Contractor OWNER
Address SAME
Tele. ( ) [redacted]
Lic. No. —
Federal Emp. No. — or Social Security No. —

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed X
Constr. Class. Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: ____
Total Est. Cost of Fire Prot. Work $ 200.00 [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 7/28/94
Approved by: [signature]
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 7/28/94
Approved by: [signature]

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.

Thomas Trafer
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source CITY
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	6	
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER ____		

Paid [ ] Check # ____
Collected by: ____

Administrative Surcharge	$
Minimum Fee	$ 46
DCA Training Fee	$
TOTAL FEE	$

U.C.C. Form F-140B
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 7-28-94
Control #
Permit # 2136-94

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
Work Site Location 1591 WEST PRINSTON AVE
BRICK, N.J.
Owner-in Fee THOMAS TRAFER
Address 1591 WEST PRINSTON AVE
BRICK, N.J.
Tele. (___) [redacted]
Contractor OWNER
Address SAME
[redacted]
Tele. (___) [redacted]
Lic. No.
Federal Emp. No. — or Social Security No. —

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed X
Constr. Class. Present ___ Proposed ___
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ___
Location: ___
Total Est. Cost of Fire Prot. Work $ 200.00 [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 7/28/94
Approved by: [signature]
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.

Thomas Trafer
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source CITY
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	6	
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER ___		

Paid [ ] Check # ___
Collected by: ___

Administrative Surcharge $ ___
Minimum Fee $ 46
DCA Training Fee $ ___
TOTAL FEE $ ___

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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 4569, 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

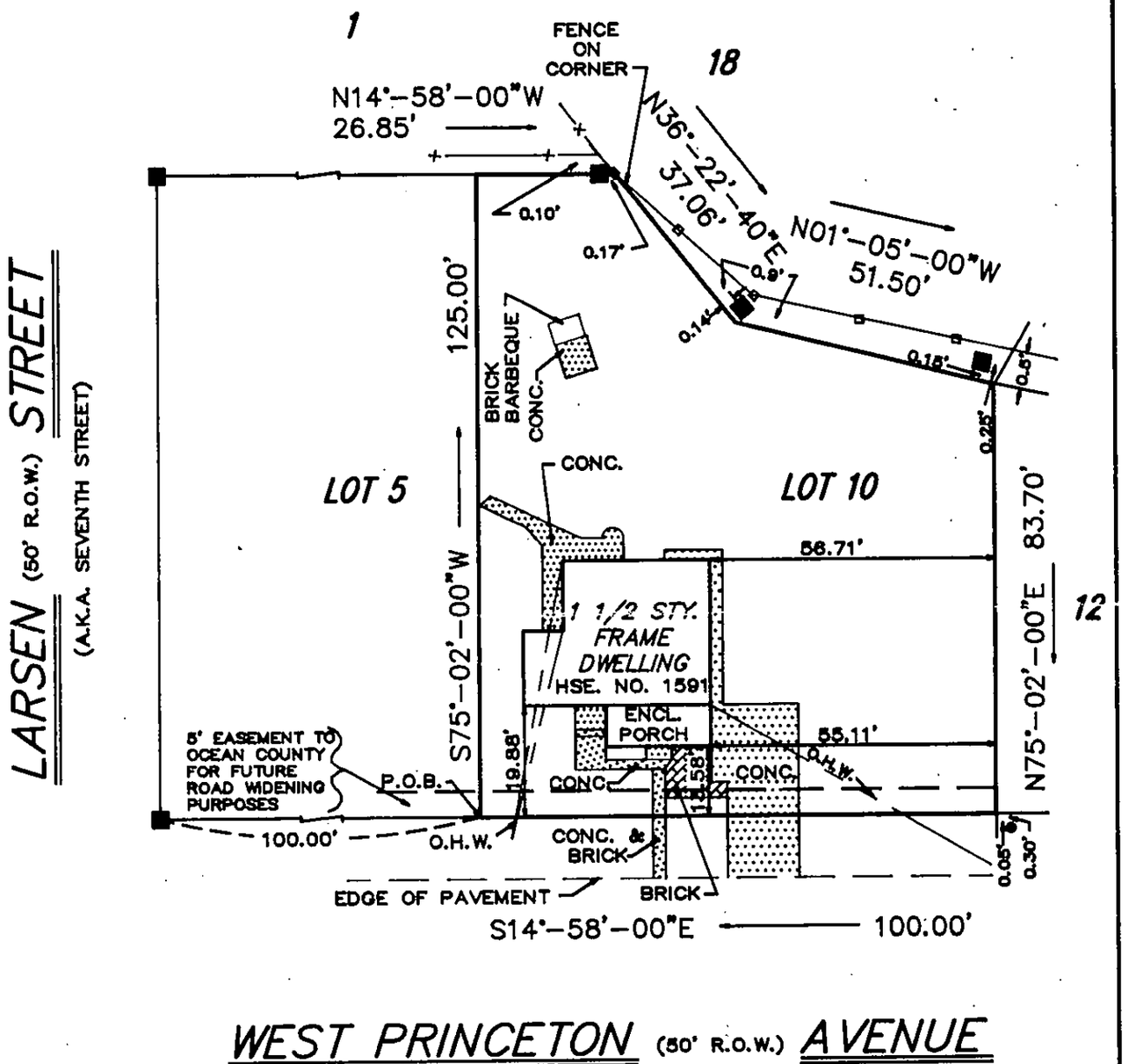
Title Co. File No. MS-55214

Job No. S-11607

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

FILED MAP REF.

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
DATE 7/20/94 Sean Kinney
2nd floor addition



Legend:

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

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

Map of Survey

REV. 3/27/91

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: R.L.R.	SHEET: 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