BLOCK 54701 LOT 15 QUALIFICATION CODE C18-47 ADDRESS (SITE) 335-339 Brick BLVD PERMIT NO. 02-4492

Called 11-20

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 335-339 Brick Blvd-
2. Name of Owner in Fee: Drumpoint Rd Ass. Tel. (732) 477-6363
   Address Brick Blvd. (street) Brick (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Premier Roof Sys Tel. (732) 244-8588
   Address PO Box 1015
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3593513 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Michael Malin
   Tel. (732) 207-0951 FAX (732) 244-1533

Commercial roof

COMMERCIAL

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	7076	$	2464	
2. Electrical				
3. Plumbing				
4. Fire Protection			35	
5. Elevator Devices				
6. Subtotal		$		
7. Less 20% for State Plan Review				
8. Subtotal		$		
9. DCA Training Fee			36	
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL		$	535-	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	15 ft.	
3. Area — Largest Floor	290.00 sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work		CWR	11/12				4/11/03		
2. ☐ New Building									
3. ☐ Addition					11-20-02	JL			
4. ☐ Alteration					11-20-02	DB			
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	36,300.00								

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 _____
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 10303965

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

Address PO BOX 1015

TOMS RIVER

Telephone (732) 244-8588

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/12/2002
Date Issued 11/21/02
Control # C18-47
Permit # 02-4492

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

Block 547.01 Lot 15 Qual
Work Site Location 335-399 BRICK BLVD
COMMERCIAL HOT TAR ROOF
Owner in Fee DRUM POINT RD ASSOC
Address BRICK BLVD
BRICK, NJ -
Tele.(732)477-6363
Contractor PREMIER ROOF SYS
Address PO BOX 1015
TOMS RIVER, NJ
Tele.(732)244-8588 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3593913

COMMERCIAL

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

INSTALLATION OF MODIFIED ROOF SYSTEM OVER EXISTING ONE LAYER

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	11/20/02	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 11-14-03
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11-14-03	
BarrierFree			11-14-03	

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	464
[ ] 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

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 18,150
3. Total (1+2)$ 18,150

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 464
DCA State Permit Fee	$ 18

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/20/2002
Date Issued 11/21/02
Control # C18-47
Permit # 02-4492

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

Block 547.01 Lot 15 Qual
Work Site Location 335-399 BRICK BLVD
COMMERCIAL HOT TAR ROOF
Owner in Fee DRUM POINT RD ASSOC
Address BRICK BLVD
BRICK, NJ -
Tele.(732)477-6363
Contractor PREMIER ROOF SYS
Address PO BOX 1015
TOMS RIVER, NJ
Tele.(732)244-8588
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3593913

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 18,150

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: 11-20-02
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	1-6-03			
Other				

(See Back)

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
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 [ ] or Oil [ ] Fired Appliances	0	0
Other TAR ROOF		35
Other		0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 35
DCA State Permit Fee	$ 18

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

Johns Manville

Specification 1CIN-W/1PIN-W

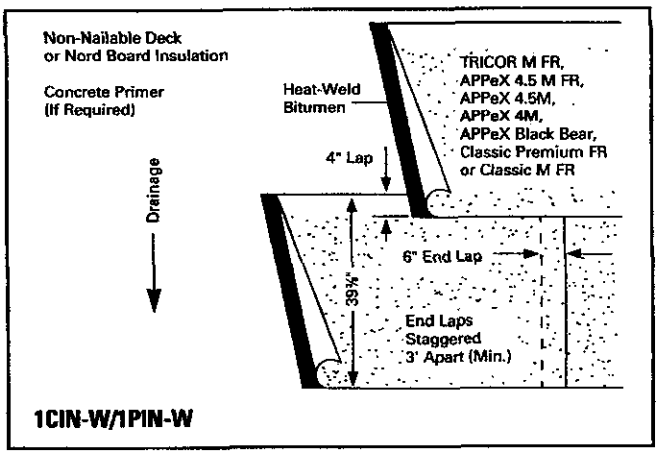
One Ply Heat Welded Modified Bitumen Mineral Surfaced Roofing System. For use over Johns Manville (JM) insulation, approved decks or other approved insulations on inclines up to 6" per foot (500 mm/m).

For Regions 1, 2 and 3

Materials per 100 sq. ft. (9.3 m²) of Roof Area

Primer (if required):	
JM Concrete Primer	1 gallon (3.8 liters)
Cap Sheet Options:	
1CIN-W—TRICOR M FR	
1PIN-W—APPeX 4.5M FR, APPeX 4.5M, APPeX 4M, APPeX Black Bear, Classic Premium FR or Classic M FR	1 layer

Approximate installed weight: 90 - 115 lbs. (41 - 52 kgs.)



1CIN-W/1PIN-W

General

This specification is for use over any type of approved structural deck which is not nailable and which provides a suitable surface to receive the roof. Poured and pre-cast concrete decks require priming with JM Concrete Primer prior to application of the heat welded modified bitumen ply. This specification is not to be used over poured or pre-cast gypsum decks, lightweight insulating concrete decks or fills without JM insulation.

This specification is also for use over JM roof insulations, or other approved roof insulations which are not nailable and which provide a suitable surface to receive the roof. Specific written approval is required for any roof insulation that is not supplied by JM. Insulation shall be installed in accordance with the appropriate JM Insulation Specification detailed in the JM Commercial/Industrial Roofing Systems Manual. This specification can also be used in certain reroofing situations. Refer to the "Reroofing" section of the JM Commerical/Industrial Roofing Systems Manual. **For heat weld applications directly to the insulation, the top layer of insulation must be JM Nord Board.**

Design and installation of the deck and/or roof substrate must result in the roof draining freely, to outlets numerous enough and so located as to remove water promptly and completely. Areas where water ponds for more than 24 hours are unacceptable and will not be eligible for a JM Roofing System Guarantee.

Note: This specification is also for use with JM PAO (Classic) products. All general instructions contained in the current JM Commercial/Industrial Roofing Systems Manual shall be considered part of this specification.

Flashings

Flashing details can be found in the "Bituminous Flashings" section of the JM Commercial/Industrial Roofing Systems Manual.

Application

Heat weld a full width piece of one of the cap sheets listed so that it is firmly and uniformly set. Subsequent sheets are to be applied in the same manner, with 4" (102 mm) side and 6" (152 mm) end laps over the preceding sheets. All laps must be rolled with a 3" (76 mm) rounded edge roller. A ⅛" to ⅜" (3 mm to 10 mm) bleedout of APP compound shall be visible at the edge of all seams. All laps must be checked for good adhesion.

Preparation of the 6" (152 mm) end lap requires scuffing away all loose granules. Heat and embed all remaining granules. Apply heat to the roll being seamed while making sure both have a good compound flow to adhere the two surfaces. End laps must be checked for proper adhesion.

Application of JM APP/PAO Modified Bitumen Products may require the use of an open flame propane torch. Improper use of these materials and application equipment can result in severe burns, and/or other physical injury, as well as damage to property. In order to prevent these situations the mechanic must install the materials using the techniques recommended by JM and those found in "A Guide to Safety: Torch-On Modified Bitumens" available from the Asphalt Roofing Manufacturers Association. These techniques have been endorsed by the National Roofing Contractors Association and the United Union of Roofers, Waterproofers and Allied Workers.

For special precautions for heat weld application of JM Classic (PAO) products, refer to Paragraph 7B.6.6.

For cold weather application techniques, refer to Paragraph 7B.14.

Steep Slope Requirements

Special procedures are required on inclines over 2½" per foot (208 mm/m). Refer to Paragraph 7B.12.

Surfacing

No additional surfacing is required.

For an identical copy of this specification, ask for RS-4361.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

7002 1000 0005 2460 5143

SENDER: COMPLETE THIS SEC

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DeGeorge Dev.
374 Buck Blvd.
BRICK, NJ
08723

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7002 1000 0005 2460 5143

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

547.01/15

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

CERTIFIED MAIL

7002 1000 0005 2460 5143

MONMOUTH P&DC 07799
PM
20 MAR
2003

RETURN RECEIPT REQUESTED

ATTEMPTED, NOT KNOWN

DeGeorge Developers
374 Brick Boulevard
Brick, NJ 08723

RETURN RECEIPT REQUESTED

1st
2nd
RET

A
C
S

☒ INSUFFICIENT ADDRESS
☒ ATTEMPTED NOT KNOWN
☐ NO SUCH NUMBER/ STREET
☒ NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
☐ OTHER

RTS
RETURN TO SENDER

08723460S7

SCANNED

1-3-03	11:30AM	13 EBB TIDE	iN	97 5059	HWH	POINT BAY	1-2-03	1-2-03	1-23-03
1-8-03		15 "M Burtsville	NJR		HWH			03-0242	1-23-03
1-9-03	3:45	206 Marlin	NJR	973 659 1813	HWH	NJR	1-9-3	03-0235	1-23-03
1-9-03	3:45	12 Cottontail	NJR	(same)	HWH	NJR	1-9-3	03-0239	1-23-03
1-15-03	4:15	1639 GREEN GROVE	CHRIS MADDEN	281-0003	HWH FURNACE	A.A. RICHARDS	1-15-03	03-0247	1-24-03
1-16-03	9:30	375 Brick Blvd	DeGeorge	732 477-6363	Re Roof	Reeds Roof			
1-23-03	11:00AM	760 LEXINGTON NO HEAT	SCOTT TYLER	531-1523	OIL TO GAS	OCEANSIDE	C23-46		1/27/03 03-04
2-5-03	4:05PM	1196 Sawmill	NJR		HWH			03-0356	2/14/03 03050
2-6-03	3:05	45 Brant	NJR		HWH		030522	C13-76	2/20/3
2-27-03	10:00	520 N.J. AVE.	H/O	840-1925	Furnace	?	03-0796		3/13/3
3/5/03	10:45	9 Elmwood	Keyspan	242-4300	HVAC	Keyspan	3/5/03		
3/6/03	4:25	484 Bellaire	NJR		HWH			C11-45	
3/7/03	3:00PM	315 SPRUCE	NJR		HWH GAS	MISKIEL		C11-28	
3/12/03	3:30PM	205 Squan Bch	NJR	973 659 1813	HWH	PAT LACEY NJR (H/O)		C17-45	
3/17/03	3:10PM	23 EDWARDS Rd	NJR	973 659 1813	HWH	MARGOT			

Letter 2/20/3 ✓

Called 3/18/3 ✓

John DeGeorge 3944

24 Buck 541.01/15

C3E

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

Date Issued 03/19/03
Control #
Permit #

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 375 BRICK BLVD DRUM PT PLAZA ROOF Block 547.01 Lot 15

Owner in Fee DEGEORGE DEVELOPERS
Address 374 BRICK BOULEVARD
BRICK, NJ 08723-

Agent/Contractor
Address

ACTION

Date of Notice 03/19/03 Compliance Due Date 03/31/03 Date of Inspection 03/19/03

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
N.J.A.C. 5:23-2.14(A) FAILURE TO RECEIVE REQUIRED PERMIT ROOF

You are hereby ordered to terminate the said violations on or before 03/31/03. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 500 for each violation for a total penalty of $ 500. Each week that any of the said violations remain outstanding after 03/31/03 shall result in an additional penalty of $ 500 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN COUNTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTTS PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: DANIEL F. NEWMAN, JR., CONSTRUCTION OFFICIAL 732-262-1027.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ sco DATE: _____

NOTICE AND ORDER OF PENALTY: Daniel F. Newman co DATE: 3-20-03

U.C.C. F210 (rev. 3/96)

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 335-399 BRICK BLVD.
Block: 547.01 Lot: 15
Owner's Name: DRUMPOINT ASSOC.
Owner's Mailing Address: BRICK BLVD. DE GEORGE, BRICK
Phone: (732) 477-6363

BUILDING

Contractor: PREMIER ROOF SYSTEMS
Address: PO BOX 1015 TOMS RIVER
Phone#: 732-244-8585
Lis #
Federal Emp # or SSN 22-3593913

Technical Data

Description of Work: INSTALLATION OF MODIFIED ROOF SYSTEM OVER EXISTING 1 PLY

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
___ Alteration	___ Pool
X Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: 1
Height of Structure: 15
Area of the largest floor: 29,000
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:
Cost of Alteration: $ ~~36,600.00~~ 18,150.00
Cost of New Building: $
Total Cost of New Building Work: $ ~~36,600.00~~ 18,150.00

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

Signature:
Please Print Name MICHAEL MULLEN

ELECTRICAL

Contractor:
Address:
Phone#:
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 (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	K
Oven/Surface Unit	KW
Electric Water Heater	K
Electric Dryer	K
Dishwasher	K
Garbage Disposal	H
A/C Unit –Central Air	K
Space Heater/Air Handler	K
Baseboard Heating	K
Motors 1+ HP	
Transformer/Generator	K
Light Stander	AM
Service	AM
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light	K
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

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

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
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	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work_____

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

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 225275-66
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:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____

C18-47

Received 11-20-02

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures — Quantity

Water Closets (Toilet) _____
Urinals/Bidets _____
Bath Tub (w/or w/out shower head) _____
Lavatory (BR Sink) _____
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 _____
Air Conditioner (Condensate Drain) _____
Septic Tank Closure _____
Sewer Service Connection _____
Water Service Connection _____
Active Solar System _____
Auxiliary Meter _____
Sprinkler Heads _____
Sump Pump _____
Pool Heater _____
Other:

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: Premier Roof Systems.
Address: PO Box 1015
21 Ducan Ln. Jr.
Phone #: 732-244-8585
Lis #: _____
Federal Emp # or SSN 22-3593913

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:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: Modified Roof Systems

Estimated Cost of Fire Work ~~36,300.00~~ 18,150.00

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

Signature: _____

Print Name: Michael Mullen

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 335-339 BRICK BLVD-
Block: 54701 Lot: 15 -
Owner's Name: DRUMPOINT RD NJSOC.
Owner's Mailing Address: BRICK BLVD- BRICK

Phone: (732) 477-6363

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

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

Cost of Alteration: $

Cost of New Building: $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
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 (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	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:	

Estimated Cost of Electrical Work:

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

Signature:

Please Print Name

CONTRACTOR'S SEAL