



# CONSTRUCTION PERMIT APPLICATION

R-75 RECEIVED

JUN 23

BUILDING

## I. IDENTIFICATION

1. Proposed Work at: Block 549 LOT 9 DRUM POINT ROAD
2. Owner Name: PATRICK L. BATTAZZI Tel. (201) 477-1100
- Address: 45 SEVILLE DRIVE
3. Principal Contractor: F. MYRONCUK & SON INC. Tel. (201) 681-0562
- Address: P.O. BOX 338 NEWEGYPT NJ 08533
- Lic. No. or Builder Reg. No. \_\_\_\_\_ Federal Emp. No. \_\_\_\_\_
4. Architect or Engineer: RICHARD DREWS Tel. (201) 840-1700
- Address \_\_\_\_\_
5. Responsible Person in Charge of Work: PATRICK L. BATTAZZI Tel. (\_\_\_\_) \_\_\_\_\_

## 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: REMOVE HOUSE

### B. CATEGORIES OF WORK

- | Permit/Category                                 | Estimated |
|-------------------------------------------------|-----------|
| 1. <input type="checkbox"/> Building/Structural | \$ _____  |
| 2. <input type="checkbox"/> Plumbing            | _____     |
| 3. <input type="checkbox"/> Electrical          | _____     |
| 4. <input type="checkbox"/> Fire Protection     | _____     |
| 5. <input type="checkbox"/> Other _____         | _____     |
| 6. <input type="checkbox"/> Other _____         | _____     |
| <b>X TOTAL COST \$ 5,100.</b>                   |           |

### 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)      If new construction, enter no. of dwelling units \_\_\_\_\_
2. ☐ Multi-Family (R-2)      HMD Reg. No.: \_\_\_\_\_
3. ☐ Two Family (R-3b)
4. ☒ One-Family (R-3a)      If other than new construction, enter no. of dwelling units: \_\_\_\_\_
- Before Construction: 1
- After Construction: 1
- Net Gain (or loss): 0

### B. NON-RESIDENTIAL

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

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. <input type="checkbox"/>            | <input type="checkbox"/> | Gas                      |
| 4. <input checked="" type="checkbox"/> | <input type="checkbox"/> | Oil                      |
| 5. <input type="checkbox"/>            | <input type="checkbox"/> | Electric                 |
| 6. <input type="checkbox"/>            | <input type="checkbox"/> | Solid (Wood, Coal, Etc.) |
| 7. <input type="checkbox"/>            | <input type="checkbox"/> | Propane                  |
| 8. <input type="checkbox"/>            | <input type="checkbox"/> | Solar                    |
| 9. <input type="checkbox"/>            | <input type="checkbox"/> | 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 28 Ft.
16. Area—Largest Floor 1604 Sq. Ft.
17. Bldg. Area—All Fls. 1050 Sq. Ft.
18. Volume of Structure \_\_\_\_\_ Cu. Ft.
19. Total Land Area Disturbed 1.50 Sq. Ft.

LDS BR 10109761

# 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

*Latisha P. Battaglia*

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

TEL. (    )

ADDRESS

SIGNATURE



# 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 |          | Approval Date | Reviewer | Comments |
|-------------------------------------|----------------------|-------------------|----------|---------------|----------|----------|
|                                     |                      | Date              | Receiver |               |          |          |
| <input checked="" type="checkbox"/> | BUILDING             | 6/22/86           | JAR      | 6/25/86       | ED       |          |
|                                     | Footings/Foundations |                   |          |               |          |          |
|                                     | Framing              |                   |          |               |          |          |
|                                     | Architectural        |                   |          |               |          |          |
|                                     | Other <i>30rusig</i> |                   |          | 6/29/86       | JK       |          |
| <input type="checkbox"/>            | PLUMBING             |                   |          |               |          |          |
| <input type="checkbox"/>            | ELECTRICAL           |                   |          |               |          |          |
| <input type="checkbox"/>            | FIRE PROTECTION      |                   |          |               |          |          |
| <input type="checkbox"/>            | OTHER                |                   |          |               |          |          |

## II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

| Issue Date | Category             | Revisions | Final Inspection | Comments |
|------------|----------------------|-----------|------------------|----------|
|            | ALL CONSTRUCTION     |           |                  |          |
|            | BUILDING             |           | 7-25-87          | JK       |
|            | Footings/Foundations |           |                  |          |
|            | Framing              |           |                  |          |
|            | Architectural        |           |                  |          |
|            | Other                |           |                  |          |
|            | PLUMBING             |           |                  |          |
|            | ELECTRICAL           |           |                  |          |
|            | FIRE PROTECTION      |           |                  |          |
|            | OTHER                |           |                  |          |

## 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. \_\_\_\_\_
- ☐ 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

|  |  |
|--|--|
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|  |  |

## V. FEE SUMMARY

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

### A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

|                                                                       | AMOUNT          |
|-----------------------------------------------------------------------|-----------------|
| BUILDING                                                              | \$ 37.50        |
| PLUMBING                                                              |                 |
| ELECTRICAL                                                            |                 |
| FIRE PROTECTION                                                       |                 |
| OTHER                                                                 |                 |
| <b>SUBTOTAL</b>                                                       | <b>37.50</b>    |
| - LESS: 20% of subtotal (when plan review performed by state agency). | ( 5.00 )        |
| D.C.A. TRAINING FEE .0006 x _____                                     |                 |
| CERTIFICATE OF OCCUPANCY                                              | 20.00           |
| OTHER                                                                 |                 |
| OTHER                                                                 |                 |
| <b>TOTAL COLLECTED WHEN PERMIT ISSUED</b>                             | <b>\$ 62.50</b> |
| DATE _____ Collected By _____                                         |                 |

### B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

|                                            | Date | Collected By | AMOUNT      |
|--------------------------------------------|------|--------------|-------------|
| CERTIFICATE OF OCCUPANCY                   |      |              |             |
| OTHER                                      |      |              |             |
| OTHER                                      |      |              |             |
| - LESS: Refunds                            |      |              | (  )        |
| <b>TOTAL COLLECTED AFTER PERMIT ISSUED</b> |      |              | <b>\$  </b> |

### C. TOTAL CONSTRUCTION FEES COLLECTED

|                             | AMOUNT      |
|-----------------------------|-------------|
| COLLECTED WITH PERMIT (VA)  | \$          |
| COLLECTED AFTER PERMIT (VB) |             |
| <b>TOTAL</b>                | <b>\$  </b> |



UNIFORM  
CONSTRUCTION  
COUNCIL

# BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 7736  
DATE ISSUED 7/2/06  
REVISION DATE \_\_\_\_\_  
Block 549 Lot 9  
Subdivision \_\_\_\_\_

**APPLICANT – Complete unshaded areas only**

**When changing contractors, notify this office**

OWNER ANTHONY C. BOSTASZ

Contractor ~~Robert E. F.~~ MYKAWICK

Address 45 Seville drive

Address P.O. Box 338 New Egypt

Brick

NG-08533

Tel. (201) 477-1100

Tel. Ke09, 758-7384

Work Site Address 1415 S. 1st St.

Lic. No. CC

### DESCRIPTION OF WORK

***Give detail description including materials used, dimensions, etc.***

Moving 2 story 1 family  
house being moved to  
554.35 lot 1-2+3

**TYPE OF WORK:**

- ☐ New Building  
☐ Addition  
☐ Alteration/Renovation  
☐ Roofing  
☐ Siding  
☐ Other Maintenance  
☐ Demolition  
☐ Miscellaneous  
☐ Fence  
☐ Sign  
☐ Pool  
☐ Elevator  
☐ Other \_\_\_\_\_

Maryhouse

**SUBTOTAL**

**Minimum Building  
Fee (if applicable)**  
**Total Building Fee**  
*(Greater of Minimum  
or Subtotal)*

### C. BUILDING CHARACTERISTICS

USE GROUP: \_\_\_\_\_ Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories 2

Total Building Area—All Floors \_\_\_\_\_ Sq. Ft.

|                     |     |     |                     |  |         |
|---------------------|-----|-----|---------------------|--|---------|
| Height of Structure | 25' | Ft. | Volume of Structure |  | Cu. Ft. |
|---------------------|-----|-----|---------------------|--|---------|

Area—Largest Floor \_\_\_\_\_ Sq. Ft. Total Land Area Disturbed 760 Sq. Ft.

**Estimated Cost of Building Work: \$** \_\_\_\_\_

## D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

Green = Office Copy    White = Applicant Copy    Beige = Inspector Copy

**White - Applicant Copy**

**Beige - Inspector Copy**

# TOWNSHIP OF BRICK



## BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 11312  
DATE ISSUED 7/28/10  
REVISION DATE 1/1/10  
Block 544 Lot 4  
Subdivision \_\_\_\_\_

### A. IDENTIFICATION

APPLICANT — Complete unshaded areas only When changing contractors, notify this office

Owner THURICK L. BATTALINI Contractor ~~ARTHUR J. MYKARCZUK~~  
Address 45 SCVILLE DRIVE Address PO BOX 338 N5018 AVE  
Tel. (201) 477-1100 Tel. (209) 758-7386  
Work Site Address ~~45 SCVILLE DRIVE~~ Lic. No. \_\_\_\_\_  
DRUM PT. Federal Emp. No. \_\_\_\_\_

### CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

Arthur J. Mykarczuk  
AGENT SIGNATURE

### B. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
Give detail description including materials used, dimensions, etc.

Moving a 2 story 1-family house being moved to 554.35 LOT 1-2+3

#### TYPE OF WORK:

- ☐ New Building  
☐ Addition  
☐ Alteration/Renovation  
☐ Roofing  
☐ Siding  
☐ Other Main house  
☐ Demolition  
☐ Miscellaneous  
☐ Fence  
☐ Sign  
☐ Pool  
☐ Elevator  
☐ Other \_\_\_\_\_

#### Fee Basis

#### Fee

#### SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee (Greater of Minimum or Subtotal)

\$

\$

X

### C. BUILDING CHARACTERISTICS

USE GROUP: \_\_\_\_\_ Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories 2 Total Building Area—All Floors \_\_\_\_\_ Sq. Ft.  
Height of Structure 25' Ft. Volume of Structure \_\_\_\_\_ Cu. Ft.  
Area—Largest Floor \_\_\_\_\_ Sq. Ft. Total Land Area Disturbed 700 Sq. Ft.  
Estimated Cost of Building Work: \$ \_\_\_\_\_

### D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

**JOB CONDITION/COMMENTS**[illegible]

**Maximum Occupancy Load:**

| Date                                                     | Initials  |
|----------------------------------------------------------|-----------|
| <u>6-25-86</u>                                           | <u>BB</u> |
| No Plans Required<br><input checked="" type="checkbox"/> |           |
| All<br><input checked="" type="checkbox"/>               |           |
| Footing/Foundation<br><input type="checkbox"/>           |           |
| Frame<br><input type="checkbox"/>                        |           |
| Architectural<br><input type="checkbox"/>                |           |
| Other<br><input type="checkbox"/>                        |           |

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_

| Type                                         | Failure Dates | Approval Date |
|----------------------------------------------|---------------|---------------|
| <input type="checkbox"/> Footing/Foundation  |               |               |
| <input type="checkbox"/> Slab                |               |               |
| <input type="checkbox"/> Frame               |               |               |
| <input type="checkbox"/> Architectural       |               |               |
| <input type="checkbox"/> Insulation          |               |               |
| <input checked="" type="checkbox"/> Finishes |               | 9-25-87       |
| <input type="checkbox"/> Energy              |               |               |
| <input type="checkbox"/> Mechanical          |               |               |
| <input type="checkbox"/> TCO                 |               |               |
| <input type="checkbox"/> Other               |               |               |



# FIRE SUBCODE



PERMIT NO. \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_  
REVISION DATE \_\_\_\_\_  
Block 549 Lot 9  
Subdivision \_\_\_\_\_

## A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner ARTHUR L. BORTAZZI

Contractor OWNER

Address 45 SEVILLE DRIVE  
BRIC

Address \_\_\_\_\_

TEL. (201) 477-1100

TEL. (\_\_\_\_) \_\_\_\_\_

Work Site Address DRUM PT.

Lic. No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and  
Small Job Only)

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

Arthur L. Bortazzi  
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

### B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other \_\_\_\_\_ FEE \_\_\_\_\_

Area Sprinkled: ☐ Full ☐ Partial (specify in comments)

No. of Heads: \_\_\_\_\_ No. of Spare Heads: \_\_\_\_\_

☐ Valves Supervised - Method: \_\_\_\_\_

Water Supply - Source: \_\_\_\_\_ Size: \_\_\_\_\_

FD Connection Location: \_\_\_\_\_

Estimated Cost of Work: \$ \_\_\_\_\_

### B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO<sub>2</sub>

☐ Halon ☐ Foam

☐ Other \_\_\_\_\_

Manual Pull: ☐ Yes ☐ No

Locations: \_\_\_\_\_

Estimated Cost of Work: \$ \_\_\_\_\_

### B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE \_\_\_\_\_

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ \_\_\_\_\_

### B4. STAND PIPES

Pipe Size: \_\_\_\_\_ Pump Size: \_\_\_\_\_

Water Source: \_\_\_\_\_ Size: \_\_\_\_\_

FD Connection Location: \_\_\_\_\_

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ \_\_\_\_\_

### B5. OTHER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Subtotal \$ \_\_\_\_\_

Minimum Fire Protection Fee (If Applicable) \$ \_\_\_\_\_

Total Fire Protection Fee (Greater of Minimum  
or Subtotal) \$ \_\_\_\_\_

## C. FIRE PROTECTION CHARACTERISTICS

USE GROUP \_\_\_\_\_ Present \_\_\_\_\_ Proposed \_\_\_\_\_

Heating Systems - Location: BASEMENT

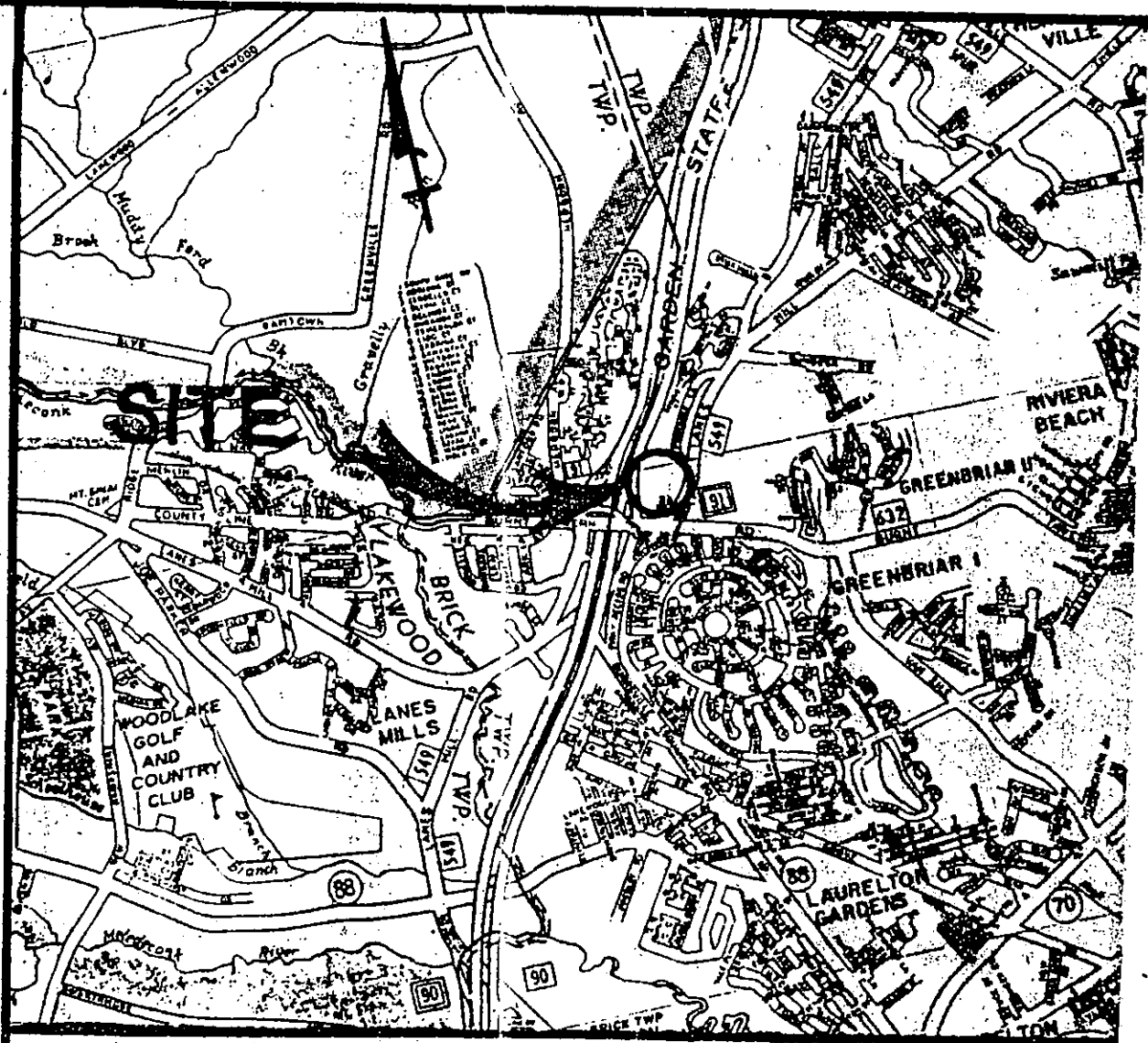
Type: ☐ Gas ☒ Oil ☐ Electrical ☐ Solar ☐ Other \_\_\_\_\_

Fuel Storage Tank - Location: Outside Rear Fuel Type: oil Capacity: 275 gal

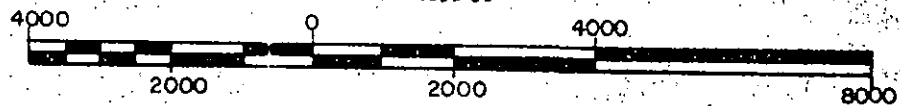
Total Estimated Cost of Fire Protection Work: \$ \_\_\_\_\_

## D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



### KEY MAP



SCALE 1"  $\approx$  2800'

1. PROPERTY BEING KNOWN AS LOT 7 BLOCK 1429 AS SHOWN ON BRICK TOWNSHIP TAX MAP SHEET NO. 74



Jersey Central Power & Light Company  
521-525 Main Street  
Allenhurst, New Jersey 07711  
(201) 493-9400

Date: June 27, 1986

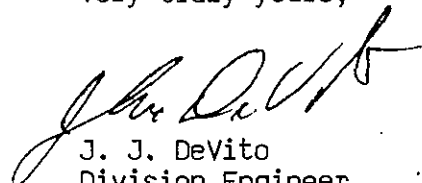
To: Patrick Bottazzi  
45 Seville Drive,  
Brick, New Jersey 08723

RE: 153 Drum Point Road,  
Brick, New Jersey

Dear Sir:

In response to your request we have removed the electric meter(s) and service(s) from the above referenced location.

Very truly yours,



J. J. DeVito  
Division Engineer  
Coast Division Engineering

CC: File

0066D

**STORER CABLE**  
COMMUNICATIONS

P.O. Box 1371  
506 New York Avenue  
Pt. Pleasant Beach, N.J. 08742  
(201) 899-7810  
(201) 899-0900 Service Only

May 2, 1986

Mr. Pat Bottazzi  
Red Lion Inn  
2545 Hooper Av.  
Brick, NJ 08723

Subject: House Moving  
From: 153 Drum Point Rd., Brick, NJ  
To: Carlisa Dr., Brick, NJ

Dear Mr. Bottazzi:

Our charges for raising, removing, and replacing Cable TV wires to accomodate a house move is \$75.00 per hour for one crew and one truck.

We estimate this job will take one crew and one truck for three (3) hours. The total estimate therefore, would be \$225.00. Payment must be made in advance before any work is to be done.

If you have any questions, please do not hesitate to contact us.  
We await your further advice.

Yours truly,

  
Raymond Adams  
TECHNICAL MANAGER

RA:mr

START 10:10

THE BRICK TOWNSHIP  
MUNICIPAL UTILITIES AUTHORITY

REG. ( )

FINISH 11:30

O.T. ( )

## SERVICE ORDER

DBL. ( )

STANDBY ( )

Get this from something other  
than house.  
Stop at Red Lion first

PCTTAZZI, PATRICK L.  
45 SEVILLE DR.  
BRICK, NJ

08723

APPT. DATE 05/02/86  
PHONE NO. 000-0000  
CLERK MHS  
DATE 05/01/86

153 DRUM POINT RD.

I931208

RCUTE 024

WATER R01-A-001 SEWER R01-A-001

DATE OF  
LAST S.O. 10/01/85  
BLOCK # 549-  
LOT # 9-

## TYPE:

( ) HIGH CONSUMPTION  
( ) RE-READ  
( ) METER TEST

( ) TURN-ON  
(X) TURN-OFF  
( ) OTHER

( ) METER REPAIR  
( ) METER REPLACEMENT  
BILL MTRS. - HSE. BEING MVD. - EJP

## METER DATA:

SERIAL NO. C118995  
INST. DATE 00/00/00  
REMOTE LOC. RIGHT SIDE  
PREV. READ 1,742K  
DATE 03/24/86  
MTR. INST.

## CONSUMPTION:

1st PREV. QTR. 1  
2nd PREV. QTR. 10  
3rd PREV. QTR. 16  
4th PREV. QTR. 24

## CHARGES:

( ) Turn-On/Off  
( ) Frost Plate  
( ) Remote  
( ) Replace Meter  
( ) Tampering

## SERVICE DATA:

OUTSIDE READING 1742  
INSIDE READING 1742.000  
SEALED (X) YES ( ) NO  
SEAL BROKEN ( ) IN ( ) OUT  
RE-SEALED ( ) YES ( ) NO

## USAGE DATA:

WELL: ( ) in use (X) none  
POOL: ( ) yes (X) no  
LAWN: ( ) good ( ) fair (X) none  
RESIDENTS: adults children  
LEAKS: ( ) yes ( ) no

REMARKS: Pulled meters from house located water and  
turned off at curb. C.B. is 16' left of Pole #  
3341 can't locate sewer C.O. gave copy to  
P. Bottary.

CUSTOMER SIGNATURE

RE-READ REQUIRED

NEW SERIAL NO.

READING

NUMBER OF DIALS

| DATE | SERVICEMAN | READING | TIME START | TIME COMPL | REMARKS |
|------|------------|---------|------------|------------|---------|
|      |            |         |            |            |         |
|      |            |         |            |            |         |
|      |            |         |            |            |         |
|      |            |         |            |            |         |
|      |            |         |            |            |         |
|      |            |         |            |            |         |
|      |            |         |            |            |         |

SERVICEMAN

DATE

TRIANGULATIONS  
WATER  
SEWER  
COMMENTS

POS  
F  
F

LEFT  
40.0  
46.0

RIGHT  
22.6  
28.0

LENGTH  
18.0

DEPTH  
6.0

## **Bottazzi's Red Lion Inn**

HOOPER AVENUE and DRUM POINT ROAD

BRICK TOWN, NEW JERSEY 08723

(201) 477-1230

June 10, 1986

Jersey Central Power & Light Co.  
P.O. Box 188  
Allenhurst, NJ 07711

Dear Sir/Madam:

Please be advised that I own the property at 153 Drum Point Rd., Brick, NJ 08723 and will be moving this house shortly. Please turn off the service and also disconnect the service lines and meter. Furthermore, I need a letter in writing advising me that you have done so.

Your prompt attention to this matter will be greatly appreciated. Thank you very much for your attention to this matter.

Very truly yours,

Patrick L. Bottazzi

PLB:km

BAR

PACKAGE STORE

RESTAURANT

## **Bottazzi's Red Lion Inn**

HOOPER AVENUE and DRUM POINT ROAD

BRICK TOWN, NEW JERSEY 08723

(201) 477-1230

June 10, 1986

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