BLOCK 830 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 1644 W. Princeton Ave PERMIT NO. 07-0639

Brick

CONSTRUCTION PERMIT APPLICATION

07-000712

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

Called 2/7/07 left Message

I. IDENTIFICATION

1. Proposed Work Site at 1644 W. Princeton Ave
2. Name of Owner in Fee: Kimberly Lett-Brown
   Tel [redacted] e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private /
4. Principal Contractor: Point Bay Fuel Tel. (732) 349-5059
   Address 71 Irons St Toms River e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-1817388 FAX: (732) 349-1788
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun William Kennedy Jr
   Tel. (732) 349-5059 FAX: (732) 349-1788

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	40		
2. Electrical				
3. Plumbing		40		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	2		
7. Less 20% for State Plan Review		2		
8. Subtotal	$			
9. State Permit Surcharge Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZIP		30		
13. TOTAL	$	112		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area – Largest Floor	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

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. X Minor Work	700.00		2/28/07		2-28-07	KH			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. X Plumbing	700.00				3/6/07				
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Emr	2/28/07		2/28/07				
TOTAL COSTS	1400.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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. 5:23-2.15(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 Point Bay Fuel

Address 71 Irons St
Toms River NJ

Telephone (732) 349-5059

Signature William Kenney Jr

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

IMPORTANT
A.H.B.T. - EXEMPT

CONSTRUCTION PERMIT

Date Issued 03/26/2007
Control # C-07-000712
Permit # 07-0639

IDENTIFICATION Block: 830 Lot: 13 Qualifier
Work Site Location: 1644 W. PRINCETON AVE. Brick Township, NJ
Owner in Fee KIMBERLY LETT-BROWN
Address 1644 WEST PRINCETON AVE. BRICK NJ 08724
Telephone: [redacted]

Contractor POINT BAY FUEL INC
Address 71 IRONS ST TOMS RIVER NJ 08753-
Telephone: 732/349-5059
Lic. No. or Bldrs. Reg. No. 13VH01149900
Federal Employee. No. 22-1817388

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TANK INSTALLATION INSTALL 275 GALLON OIL TANK

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,400

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$40
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$30
Total	$112
Check No.	248131
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/04/2009
Control Number C-07-000712
Permit Number 07-0639
Permit Issue Date 03/26/2007
Certificate Number 07-0639

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1644 W. PRINCETON AVE. Brick Township, NJ Block: 830 Lot: 13 Qual:

Owner in Fee: KIMBERLY LETT-BROWN

Owner Address: 1644 WEST PRINCETON AVE. BRICK NJ 08724

Telephone: [redacted]

Contractor POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ 08753-

Telephone: 732/349-5059 Fax:

License Number or Builders Registration Number: 13VH01149900 Federal Emp. Number: 22-1817388

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TANK INSTALLATION INSTALL 275 GALLON OIL TANK

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 08/04/2009 U.C.C. F260 (rev. 08/05)

PLUMBING SUBCODE
TECHNICAL SECTION

Control # C-07-000712
Date Issued
Permit # 09-0689

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

Block 830 Lot 13 Qualification Code

Work Site Location: 1644 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: KIMBERLY LETT-BROWN

Address 1644 WEST PRINCETON AVE. BRICK NJ

Tel [redacted]

Contractor: POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ

Tel. 732/349-5059 Fax.

Contractor License No.

Federal Employee No. 22-1817388

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $700

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date 8/4/09

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☑ CA

Date: 8-4-09

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO FINAL			082309 PA	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$0
0	Urinal/Bidet	$0
0	Bath Tub	$0
0	Lavatory	$0
0	Shower	$0
0	Floor Drain	$0
0	Sink	$0
0	Dishwasher	$0
0	Drinking Fountain	$0
0	Washing Machine	$0
0	Hose Bibb	$0
0	Water Heater	$0
1	Fuel Oil Piping	$10
0	Gas Piping	$0
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 02/27/2007
Control # C-07-000712
Date Issued 3/26/07
Permit # 07-0639

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

Block 830 Lot 13 Qualification Code

Work Site Location: 1644 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: KIMBERLY LETT-BROWN

Address 1644 WEST PRINCETON AVE. BRICK NJ

T[redacted]

Contractor: POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ

Tel. 732/349-5059 Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 22-1817388

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☒ No Plan Required	2-28-07	
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA
Date: 7/31/09
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			7-30-09	JH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $0
2. Rehabilitation $700
3. Total (1+2) $700

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TANK INSTALLATION, INSTALL 275 GALLON OIL TANK

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

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 02/27/2007
Control # 2 C-07-000712
Date Issued 2-28-07
Permit # 17107

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

Block 830 Lot 13 Qualification Code

Work Site Location: 1644 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: KIMBERLY LETT-BROWN

Address 1644 WEST PRINCETON AVE. BRICK NJ

Te [redacted]

Contractor: POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ

Tel. 732/349-5059 Fax.

Contractor License No.

Federal Employee No. 22-1817388

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $700

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 2/28/07

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$0
0	Urinal/Bidet	$0
0	Bath Tub	$0
0	Lavatory	$0
0	Shower	$0
0	Floor Drain	$0
0	Sink	$0
0	Dishwasher	$0
0	Drinking Fountain	$0
0	Washing Machine	$0
0	Hose Bibb	$0
0	Water Heater	$0
1	Fuel Oil Piping	$10
0	Gas Piping	$0
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 02/27/2007
Control # C-07-000712
Date Issued
Permit #

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

Block 830 Lot 13 Qualification Code

Work Site Location: 1644 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: KIMBERLY LETT-BROWN

Address 1644 WEST PRINCETON AVE. BRICK NJ

[redacted]

Contractor: POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ

Tel. 732/349-5059 Fax.

Contractor License No.

Federal Employee No. 22-1817388

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $700

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 2/28/07

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$0
0	Urinal/Bidet	$0
0	Bath Tub	$0
0	Lavatory	$0
0	Shower	$0
0	Floor Drain	$0
0	Sink	$0
0	Dishwasher	$0
0	Drinking Fountain	$0
0	Washing Machine	$0
0	Hose Bibb	$0
0	Water Heater	$0
1	Fuel Oil Piping	$10
0	Gas Piping	$0
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 02/27/2007
Control # C-07-000712
Date Issued 2/27/07
Permit # 17-1209

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

Block 830 Lot 13 Qualification Code

Work Site Location: 1644 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: KIMBERLY LETT-BROWN

Address 1644 WEST PRINCETON AVE. BRICK NJ

Tel [redacted]

Contractor: POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ

Tel. 732/349-5059 Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 22-1817388

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plan Required	2/28/07	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing			3/7/07	
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other			7/6/07	
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $0
2. Rehabilitation $700
3. Total (1+2) $700

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TANK INSTALLATION, INSTALL 275 GALLON OIL TANK

TYPE OF WORK

	FEE (Office Use Only)
[ ] New Building	$0
[ ] Addition	$0
[x] Rehabilitation	$17
[ ] Roofing	$0
[ ] Siding	$0
[ ] Fence Height (exceeds 6')	$0
[ ] Sign Sq. Ft.	$0
[ ] Pool	$0
[ ] Asbestos Abatement Subchapter 8	$0
[ ] Lead Haz Abatement NJAC 5:17	$0
[ ] Other	$0
[ ] Demolition	$0
Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 02/27/2007
Control # C-07-000712
Date Issued
Permit #

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

Block 830 Lot 13 Qualification Code

Work Site Location: 1644 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: KIMBERLY LETT-BROWN

Address 1644 WEST PRINCETON AVE. BRICK NJ

Te [redacted]

Contractor: POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ

Tel. 732/349-5059 Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 22-1817388

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☒ No Plan Required	2-28-07	KW
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $0
2. Rehabilitation $700
3. Total (1+2) $700

C. CERTIFICATION IN LIEU OF OATH

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

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DESCRIPTION OF WORK

TANK INSTALLATION, INSTALL 275 GALLON OIL TANK

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	$0
☐ Addition	$0
☒ Rehabilitation	$17
☐ Roofing	$0
☐ Siding	$0
☐ Fence ____ Height (exceeds 6')	$0
☐ Sign ____ Sq. Ft.	$0
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☐ Other	$0
☐ Demolition	$0
Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date:_____

PLOT PLAN EXEMPT FORM

Block: 830 Lot: 13

Property Address: 1644 W. PRINCETON AVENUE

I,_____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

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

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

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

FOR OFFICE USE ONLY

Approved on: 4/28/07 Signed: _____

Rejected on:_____ Signed:_____

Comments:

Township of Brick
Zoning Permit

Approved: Tuesday, February 27, 2007 **Number:** 147

Block 830 **Lot** 13 **Zone:** R-7.5

Property Address: 1644 West Princeton Avenue

Applicant: William Kennedy, Point Bay Fuel

Property Owner: Kimberley Lett-Brown

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Above ground oil tank, 275 gallons.

Conditions: The tank must be set back at least 5 feet from the side property line.

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

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

FEB 27 2007

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 830 LOT 13 QUALIFIER _____

PROPERTY ADDRESS 1644 W. Princeton Ave Brick

PERSONAL NAME OF APPLICANT William Kennedy Jr

BUSINESS NAME OF APPLICANT Point Bay Fuel, Inc

MAILING ADDRESS OF APPLICANT 71 Irons St Toms River NJ 08753

PROPERTY OWNER'S FULL NAME Kimberly Lett-Brown

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Install 275 oil tank

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT William Kennedy Date 2-23-07

Reviewed by Zoning Office SC Date 2/27/07 ( ) Approved (X) Denied

Fee 2/26/07

March 2003

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs

HAS REGISTERED

Point Bay Fuel Company
Jack Chadwick
71 Irons Street
Toms River NJ 08753

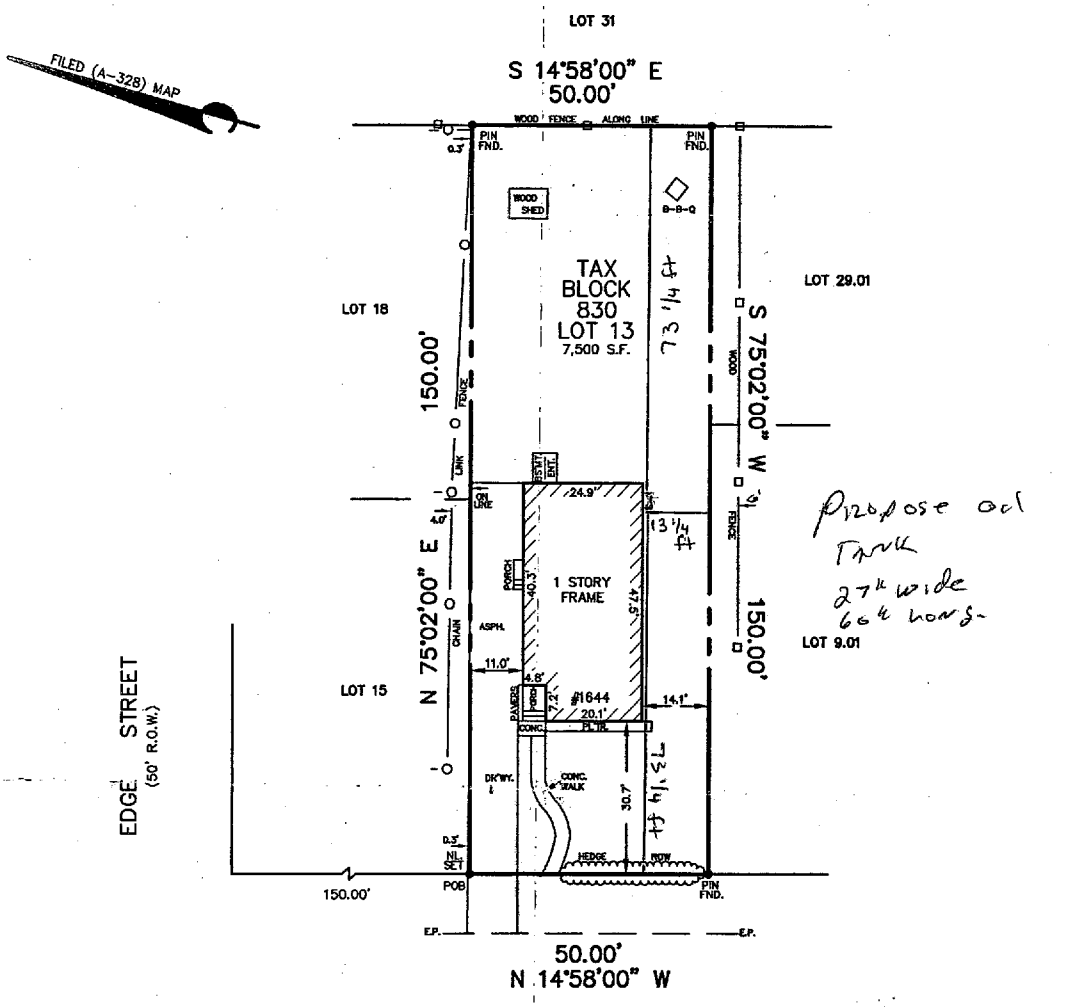
FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/20/2006 TO 12/31/2007
VALID

13VH01149900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE 2-22-7

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.

THIS CERTIFICATION IS MADE ONLY TO THE BELOW NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY BELOW NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE, INCLUDING, BUT NOT LIMITED, TO USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

THIS SURVEY DOES NOT PURPORT TO IDENTIFY ENCROACHMENTS, UTILITIES, SERVICE LINES OR STRUCTURES BELOW GRADE, IF ANY, EXCEPT AS SPECIFICALLY NOTED HEREON.

NOTE: THIS SURVEY IS SUBJECT TO SUCH FACTS A CURRENT AND COMPLETE TITLE REPORT MAY REVEAL.

ALSO KNOWN AS BLOCK 830 LOT 13

AS SHOWN ON BRICK TOWNSHIP TAX MAP SHEET 45.02

MAP OF
BLOCK 14 LOTS 13 & 14
LAURELTON PARK
LAURELTON – OCEAN COUNTY NEW JERSEY
BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY
MAP FILE No. A-328 DATE FILED: 9/25/1929

CERTIFIED TO:

DANIEL D. LETT-BROWN AND KIMBERLY B. JOHNSON, BOTH SINGLE; WELLS FARGO BANK, N.A., ITS SUCCESSORS AND/OR ASSIGNS; LAFAYETTE GENERAL TITLE AGENCY, INC.; MATTHEW J. HEAGEN, ESQ.

I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN.

DATE OF SURVEY: 7/12/2006

DRAWN BY: TDM	CHECKED BY: HAH	DATE: 7/13/2006	SCALE: 1"=30'	JOB No. 06-07-4660

HEWITT & MAGEE
ASSOCIATES, INC.
98-A EAST WATER STREET
TOMS RIVER, NEW JERSEY 08753
732-914-9393
732-914-1012 (FAX)

HAYES A. HEWITT, P.L.S.
Professional Land Surveyor, N.J. License No. 29351

TERRENCE D. MAGEE, P.L.S.
Professional Land Surveyor, N.J. License No. 26794

DATE: 7/13/06

2/26/09

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1644 W. Princeton
Block: 830 Lot: 13
Owner's Name: Kimberly Lett-Brown
Owner's Mailing Address: same

Phone [redacted]

BUILDING

Contractor: Point "Bay" Fuel
Address: 71 Irons St
Toms River NJ
Phone#: 732-349-5059
Lis #
Federal Emp # or SSN 22-1817388

Technical Data

Description of Work:

Install 275 oil tank

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: $ 700.00

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: William Kennedy Jr
Please Print Name William Kennedy Jr

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	KV
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 authorized to make this application and perform the wor listed on this application.

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form

PLEASE PRINT

PLUMBING

Contractor: Point Bay Fuel
Address: 71 Irons St
Toms River
Phone #: 732-349-5059
Lis #:
Federal Emp # or SSN 22-1817388

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:
Install 275 oil s tank

Estimated Cost of Plumbing Work 700.00

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: William Kennedy Jr
Please Print Name: William Kennedy Jr

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
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: