

02-49

RECEIVED 11

LOT 11

QUALIFICATION CODE

ADDRESS (SITE)

22 West Granada

PERMIT NO.

00-3367

AUG 2 200

DIV. OF INSPECT



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 22 West Granada
 2. Name of Owner in Fee: Claus Schworchert Tel. [REDACTED]
 Address 22 West Granada Brick TWP 08723-7658
 street municipality zip code
 3. Ownership in Fee: Public ☐ Private ☒
 4. Principal Contractor: Claus Schworchert Tel. [REDACTED]
 Address 22 West Granada, Brick Twp
 License No. OR, if new home, Builder Reg. No. OWNER Exp. Date _____
 Federal Employee No. _____ FAX: (____) _____
 5. Architect or Engineer _____ Tel. (____) _____
 Address _____
 6. Responsible Person in Charge of Work Claus Schworchert
 _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

1. Building	\$ 215	Update 352	Update
2. Electrical	84	35	
3. Plumbing	40	35	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	\$ 6		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	\$ 347		
13. TOTAL	\$	105	

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

Interior Renovation

II. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☒ Alteration
- ☐ Fire Protection
- ☒ Plumbing
- ☒ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

Est. Cost

7,000.00
400.00
800.00

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
CAS	8/2/00		8-3-00 Kp		8-11-03		
			8-10-00		8-13-03		
			8-16-00				

VII. DESCRIPTION OF BUILDING USE

- ### A. RESIDENTIAL
- ☐ Hotels (R-1)
 - ☐ Multi-Family (R-2)
 - ☐ Two-Family (R-3) BOCA
 - ☐ Two-Family (R-4) CABO
 - ☒ One-Family (R-3) BOCA
 - ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

TOTAL COSTS

8,200.00

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. (X) 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. (X) Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. (X) Electrical C.4. (X) Plumbing

D. (X) 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

Address

Telephone ()

Signature

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

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 _____

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Mechanical _____

Energy _____

Barrier Free _____

Flood Hazard _____

As Built Elevation Cert. _____

Other _____

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy

☐ Temporary Certificate of Compliance

☐ Continued Certificate of Occupancy

☐ Certificate of Compliance

☐ Certificate of Occupancy

☐ Certificate of Approval

☐ Lead Abatement Clearance Certificate

No _____

No _____

No _____

No _____

No _____

No _____

No _____

DATE ISSUED _____

DATE EXPIRED _____

DATE REISSUED _____

DATE EXPIRED _____

Date Issued 08-18-2000
Control #
Permit # 00-3357

IDENTIFICATION Clock 211.11 Lot 11 One

Work Site Location 22 N. CENTRAL ST Contractor HONECHNER
INTERIOR RENOVATION Address _____
 Owner in Fee SCHWABERT, CLARE
 Address SAME Telephone () _____
ERICK, NJ 08123 Lic. No. or Bids. Reg. No. _____
 Telephone [REDACTED] Federal Reg. No. RD-

☐ BUILDING	☐ PLUMBING	☐ LEAD-PAINT ABATEMENT
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER _____

(Subchapter 3 only)

INTERIOR REMOVAL

BUILDING A BATHROOM IN THE GARAGE, HAS CONCRETE SLAB & EXISTING WALLS FOR SUPPORT

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 9,500

08/18/2000

Date _____

PAYMENTS (Office Use Only)

Building	215
Electrical	24
Plumbing	40
Fire Protection	0
Elevator Devices	0
Other	
DCJ Training Fee	0
Cert. of Occupancy	0
Other	
Total	279
Check No.	510
Cash	
Collected By	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update issued 08/04/2003
Control #
Permit # 00-3367+A
Permit issued 08/18/2000

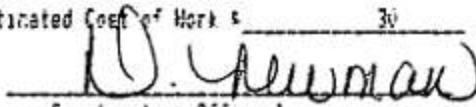
UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 211.11 Lot 11 Sub _____

Work Site Location 22 W GRANADA DR Contractor H O M E O W N E R
INTERIOR RENOVATION Address _____
Owner in Fee SCHMIDT, CLAU Telephone _____
Address SAME Lic. No. or Bldg. Reg. No. _____
BRICK, NJ 08723- Federal Emp. No. HO-
Telephone _____

Is hereby granted permission to perform the following work:
(X) BUILDING (X) PLUMBING () LEAD HAZARD ABATEMENT
(X) ELECTRICAL () FIRE PROTECTION () DEMOLITION
() ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER _____
(Subchapter B only)

DESCRIPTION OF WORK:
REINSTATE PERMIT

Estimated Cost of Work \$ 30

Construction Official

08/04/2003

PAYMENTS (Office Use Only)
Building _____ 35
Electrical _____ 35
Plumbing _____ 35
Fire Protection _____ 0
Elevator Devices _____ 0
Other _____
OCA State Permit Fee _____ 0
Cert. of Occupancy _____ 0
Other _____
Total _____ 105
Check No. _____ 941
Cash _____
Collected By _____ MJK

08/04/03 2:43PM 000000#2554
XX02 SERV.002

#3367
BUILDING \$35.00
ELECTRIC \$35.00
PLUMBING \$35.00
CHECK \$105.00

NJ OCCAS 9.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD.
DIVISION OF INSPECTIONS

DEPT NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/04/2003
Date Issued 08/04/2003
Control #
Permit # 00-3367+4

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

Block 211.11 Lot 11 Sublot
Work Site Location 22 W GRANADA DR

INTERIOR RENOVATION

Owner in Fee SCHUCHERT, CLAUSS
Address SAME
BRICK, NJ 08723-

Tele. [REDACTED]
Contractor
Address

Tele. () / () Fax () / ()
Lic. No. or Bldg. Reg. No.
Federal Emp. No. NO-

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REINSTATE PERMIT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	
☐ Footings			Foundation	
☐ Foundation			Club	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:				
☐ Elect	☐ Plumb	☐ Fire	Insulation	
SUBCODE APPROVAL			Finishes	
☐ CO	☐ CED	☐ CA	Energy	
Date:			Mechanical	
Approved By:			TCE	
			Other	
			Final	
			BarrierFree	

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence () Height (a cads o')	
☐ Sign () Sq. Ft.	
☐ Pool	
☐ Asbestos Abatement Subchapter B	
☐ Lead Haz. Abatement NJAC 5:17	
☒ Other REINSTATE	35
Other	0
☐ Demolition	0

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	Est. Cost of Bldg. Work
Constr. Class	Present	Proposed	1. New Bldg. 0
No. of Stories			2. Alteration 0
Height of Structure			3. Total (1+2) 0
Area Largest Floor			
New Bldg. Area/All Floors			Industrialized Buildings:
Volume of New Structure			☐ State Approved
Total Land Area Disturbed			☐ HUD

	Administrative Surcharge	
Paid ☐ Check #	Minimum Fee	0
Collected by:	TOTAL FEE	35
	NCA State Permit Fee	0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2000
Date Issued 8/18/00
Control # C2-49
Permit # 00-3367

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

Block 211.11 Lot 11 Qual

Work Site Location 22 W GRANADA DR

INTERIOR RENOVATION

Owner in Fee SCHUCHERT, CLAU

Address SAME

BRICK, NJ 08723-

Tele

Contractor

Address

Tele. () Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. RQ-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
			Type	Failure Failure Approval Initial
☒ No Plans Req.	8-3-00	FP	Footing	
☒ All			Foundation	
☐ Footing			Slab	
☐ Foundation			Frame	
☐ Frame			BarrierFree	
☐ Other			Insulation	
Joint Plan Review Required:			Finishes	
☐ Elect ☐ Plumb ☐ Fire			Energy	
SUBCODE APPROVAL ☐ Elev			Mechanical	
☐ CO ☐ CCO ☐ CA			TCO	
Date:			Other	
Approved By:			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0		2. Alteration \$ 8,200
Height of Structure	0 Ft.		3. Total (1+2) \$ 8,200
Area Largest Floor	0 Sq. Ft.		
New Bldg. Area/All Floors	0 Sq. Ft.		Industrialized Building:
Volume of New Structure	0 Cu. Ft.		☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.		☐ HUD

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

INTERIOR RENOVATION

BUILDING A BATHROOM IN THE GARAGE, HAS CONCRETE SLAB & EXISTING WALLS FOR SUPPORT

TYPE OF WORK

☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence 0 Height (exceeds 6')	
☐ Sign 0 Sq. Ft.	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
Other	
☐ Demolition	

FEE (Office Use Only)

\$	0
	0
	215
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0

Administrative Surcharge	\$ 0
Paid ☐ Check #	Minimum Fee \$ 0
Collected by:	TOTAL FEE \$ 215
	DCA Training Fee \$ 7

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2000
Date Issued 8/15/00
Control # C2-49
Permit # CC-3369

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

Block 211.11 Lot 11 Qual

Work Site Location 22 W GRANADA DR

INTERIOR RENOVATION

Owner in Fee SCHROCHERT, CLAUD

Address SAME

BRICK, NJ 08723-

Tele. (732) 451-1976

Contractor

Address

Tele. () Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Req.			Type	Failure Failure Approval Initial
☒ All	8-2-00	FWP	Footings	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCG ☐ CA			Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0		2. Alteration \$ 8,200
Height of Structure	0 Ft.		3. Total (1+2) \$ 8,200
Area Largest Floor	0 Sq. Ft.		
New Bldg. Area/All Floors	0 Sq. Ft.		Industrialized Building:
Volume of New Structure	0 Cu. Ft.		☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.		☐ HUD

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

INTERIOR RENOVATION

BUILDING A BATHROOM IN THE GARAGE, HAS CONCRETE SLAB & EXISTING WALLS FOR SUPPORT

TYPE OF WORK

☐ New Building	FEE (Office Use Only)
☐ Addition	\$ 0
☒ Alteration	215
☐ 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

Administrative Surcharge	\$ 0
Paid ☐ Check #	Minimum Fee \$ 0
Collected by:	TOTAL FEE \$ 215
	DCA Training Fee \$ 7

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD.
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/04/2003
Date Issued 08/04/2003
Control #
Permit # 00-3367+A

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

Block 211.11 Lot 11 Qual _____
Work Site Location 22 W GRANADA DR

INTERIOR RENOVATION

Owner in Fee SCHWOCHERT, CLAU

Address SAHE

BRICK, NJ 08723-

Tele [REDACTED]

Contractor _____

Address _____

Tele () _____ Fax () _____

Lic. No. or Bldgs. Reg. No. _____

Federal Exp. No. NO-

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REINSTATE PERMIT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
() No Plans Req.			Type	Failure Failure Approval Initial
() All			Footings	
() Footing			Foundation	
() Foundation			Slab	
() Frame			Frame	
() Other _____			BarrierFree	
Joint Plan Review Required:			Insulation	
() Elect	() Plumb	() Fire	Finishes	
SUBCODE APPROVAL () Elev			Energy	
() CC	() CCO	() CA	Mechanical	
Date: _____			TCO	
Approved By: _____			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present _____ Proposed _____
No. 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. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

Industrialized Building:
() State Approved
() HUD

TYPE OF WORK	FEE (Office Use Only)
() New Building	\$ _____
() Addition	\$ _____
(X) Alteration	\$ _____
() Roofing	\$ _____
() Siding	\$ _____
() Fence _____ Height (exceeds 6')	\$ _____
() Sign _____ Sq. Ft.	\$ _____
() Pool	\$ _____
() Asbestos Abatement Subchapter E	\$ _____
() Lead Haz. Abatement NJAC 5:17	\$ _____
(X) Other <u>REINSTATE</u>	\$ <u>35</u>
Other _____	\$ _____
() Demolition	\$ _____

Administrative Surcharge \$ _____
Paid () Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ 35
OCA State Permit Fee \$ _____

1. NAME
 2. ADDRESS
 3. CITY
 4. STATE
 5. ZIP
 6. PHONE
 7. FAX
 8. E-MAIL
 9. WEBSITE
 10. OTHER

1. NAME
 2. ADDRESS
 3. CITY
 4. STATE
 5. ZIP
 6. PHONE
 7. FAX
 8. E-MAIL
 9. WEBSITE
 10. OTHER

1. NAME
 2. ADDRESS
 3. CITY
 4. STATE
 5. ZIP
 6. PHONE
 7. FAX
 8. E-MAIL
 9. WEBSITE
 10. OTHER

1. NAME
 2. ADDRESS
 3. CITY
 4. STATE
 5. ZIP
 6. PHONE
 7. FAX
 8. E-MAIL
 9. WEBSITE
 10. OTHER

1. NAME
 2. ADDRESS
 3. CITY
 4. STATE
 5. ZIP
 6. PHONE
 7. FAX
 8. E-MAIL
 9. WEBSITE
 10. OTHER

1. NAME
 2. ADDRESS
 3. CITY
 4. STATE
 5. ZIP
 6. PHONE
 7. FAX
 8. E-MAIL
 9. WEBSITE
 10. OTHER

1. NAME
 2. ADDRESS
 3. CITY
 4. STATE
 5. ZIP
 6. PHONE
 7. FAX
 8. E-MAIL
 9. WEBSITE
 10. OTHER

1. NAME
 2. ADDRESS
 3. CITY
 4. STATE
 5. ZIP
 6. PHONE
 7. FAX
 8. E-MAIL
 9. WEBSITE
 10. OTHER

DIVISION OF INSPECTIONS
 401 CHAMBERS STREET
 10TH FLOOR
 NEW YORK, NY 10007

1. NAME
 2. ADDRESS
 3. CITY
 4. STATE
 5. ZIP
 6. PHONE
 7. FAX
 8. E-MAIL
 9. WEBSITE
 10. OTHER

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2000
Date Issued 8/18/00
Control # C2-49
Permit # 00-3367

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

Block 211.11 Lot 11 Qual

Work Site Location 22 W GRANADA DR

INTERIOR RENOVATION

Owner in Fee SCHWOCHERT, CLAU

Address SAME

BRICK, NJ 08723-

Tel: [REDACTED]

Contractor

Address

Tele. () Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
			Type	Failure Failure Approval Initial
☒ No Plans Req.	8-3-00	FM	Footing	
☒ All			Foundation	
☐ Footing			Slab	
☐ Foundation			Frame	9-28-00 FM
☐ Frame			BarrierFree	
☐ Other			Insulation	
Joint Plan Review Required:			Finishes	
☐ Elect ☐ Plumb ☐ Fire			Energy	
SUBCODE APPROVAL ☐ Elev			Mechanical	
☐ CO ☐ CCO ☐ CA	8-11-03		TCO	
Date:			Other	8/11/03
Approved By:			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present R-3	Proposed R-3	1. New Bldg. \$ 0
No. of Stories	0	0	2. Alteration \$ 8,200
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ 8,200
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	Industrialized Building:
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	☐ State Approved
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	☐ HUD
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	

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

INTERIOR RENOVATION
BUILDING A BATHROOM IN THE GARAGE, HAS CONCRETE SLAB & EXISTING WALLS FOR
SUPPORT

TYPE OF WORK

☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence 0 Height (exceeds 6')
☐ Sign 0 Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Other
☐ Demolition

FEE (Office Use Only)

\$ 0
0
215
0
0
0
0
0
0
0
0
0
0
0
0

	Administrative Surcharge	Minimum Fee	TOTAL FEE	DCA Training Fee
Paid ☐ Check #				
Collected by:			215	7

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/04/2003
Date Issued 08/04/2003
Control 0
Permit 0 00-3367-A

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

Block 211.11 Lot 11 Sub 1
Work Site Location 22 1/4 GRANADA DR
INTERIOR RENOVATION
Owner in Fee SCHVOCHERT, CLAUD
Address SAME
BRICK, NJ 08723-
Tele [REDACTED]
Contractor
Address
Tele. [REDACTED]
Lic. No. or Bldg. Reg. No.
Federal Emp. No. NJ-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[] Pole/Pad [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Dates
Approved By
SUBCODE APPROVAL
[] CO [] CCO [] CA
Dates
Approved By
INSPECTIONS
Type Rough
Temp Serv
Const Serv
TCO
Other
Service
Final
Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Frac HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UV Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KV Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KV Elect Sign/Outline Light	0
		Other REINSTATE	35
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

Administrative Surcharge \$ 0
Paid [] Check # Minimum Fee \$ 0
Collected by TOTAL FEE \$ 35
CCA State Permit Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

ICC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/04/2003
Date Issued 09/04/2003
Control 0
Permit 0 00-3367-4

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

Block 211.11 Lot 11 Quad _____
Work Site Location 25 W GRAMMAD DR
INTERIOR RENOVATION
Owner in Fee SCHUCHMPT, CLAYS
Address SAME
BRICK, NJ 08723
Tele. _____
Contractor _____
Address _____
Tele. _____
Lic. No. or Elec. Reg. No. _____
Federal Emp. No. HQ-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
☐ Pole Pad ☐ Temporary ☐ Other _____
Building Occupied as _____ Util. Co. _____
Estimated Cost of Electrical Work 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plans Required
☐ Joint Plan Review Required
☐ Bldg ☐ Plumb
☐ Fire ☐ Elevator
☐ Elect Plans Approved
Date: _____
Approved By: _____
SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: _____
Approved By: _____
INSPECTIONS
Type _____ Date (Month/Year) _____
Round _____
Temp Ser- _____
Const Ser- _____
TCD _____
Other _____
Service _____
Final _____
Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
2		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Frac HP	
1		Emergency & Exit Lights	
0		Communications Points	
2		Alarm Devices, C.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit with UV Lights	0
0		Storable Pool/Spa Hot Tub	0
0	0	1M Elect Range Receptacle	0
0	0	1M Oven Surface Unit	0
0	0	1M Elect Water Heater	0
0	0	1M Elect Dvtr-Receptacle	0
0	0	1M Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	1M Central A/C Unit	0
0	0	HP 1/2 Space Heater for Handler	0
0	0	Gasboard Heat	0
0	0	HP Motors 1/2 HP	0
0	0	1M Transformer-Generator	0
0	0	AMP Service	0
0	0	200 Subpanels	0
0	0	AMP Motor Control Center	0
0	0	1M Elect Sign Outline Light	0
		Other <u>FEINSTATE</u>	35
		Other _____	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

Administrative Exchange \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ 35
BCA State Permit Fee \$ _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2000
Date Issued 8/11/00
Control # C2-49
Permit # 00-3367

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

Block 211.11 Lot 11 Qual _____
Work Site Location 22 W GRANADA DR

INTERIOR RENOVATION

Owner in Fee SCHWOCHERT, CLAU

Address SAME

BRICK, NJ 08723-

Tele. () Fax ()

Contractor

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3

[] Pole/Pad # [] Temporary [] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elcct Plans Approved

Date: 8/16/00

Approved By:

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS

Dates (Month/Day)

Type Failure Failure Approval Initial

Rough

Temp Serv

Const Serv

TCG

Other

Service

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting Fixtures	
2		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	35
0		Pool Permit/with UV Lights	0
1		Storable Pool/Spa/Hot Tub	9
0	0	KV Elect Range/Receptacle	0
0	0	KV Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KW Transformer/Generator	0
1	100	AHP Service	40
0	0	AHP Subpanels	0
0	0	AHP Motor Control Center	0
0	0	KV Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

Administrative Surcharge \$ 0
Paid [] Check \$ Minimum Fee \$ 0
Collected by: TOTAL FEE \$ 34
BCA Training Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2000
 Date Issued 8/18/00
 Control # C2-49
 Permit # 00-3367

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

Block 211.11 Lot 11 Qual _____
 Work Site Location 22 W GRANADA DR
INTERIOR RENOVATION
 Owner in Fee SCHWOCHERT, CLAUD
 Address SALE
BRICK, NJ 08723-
 Tele. () _____ Fax () _____
 Contractor _____
 Address _____
 Tele. () _____
 Lic. No. or Bldrs. Reg. No. _____
 Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
 Building Occupied as _____ Utility Co. _____
 Estimated Cost of Electrical Work \$ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plans Required
 Joint Plan Review Required:
☐ Bldg ☐ Plumb
☐ Fire ☐ Elevator
☒ Elect Plans Approved
 Date: 8/16/00
 Approved By: [Signature]
SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
 Date: _____
 Approved By: _____

INSPECTIONS	Dates (Month/Day)			
	Type	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting Fixtures	
2		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
8		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
1		Storable Pool/Spa/Hot Tub	9
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KV Transformer/Generator	0
1	100	ANP Service	40
0	0	ANP Subpanels	0
0	0	ANP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge \$ _____
 Paid ☐ Check # _____ Minimum Fee \$ _____
 Collected by: _____ TOTAL FEE \$ 84
 DCA Training Fee \$ _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/04/2003
Date Issued 08/04/2003
Control #
Permit # 00-3367+A

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY D16 NO: 1-800-272-1000

Block 211.11 Lot 11 Qual _____
Work Site Location 22 W GRANADA DR
INTERIOR RENOVATION
Owner in Fee SCHWOCHERT, CLAU
Address SAE
BRICK, NJ 08723-
Tele [REDACTED]
Contractor _____
Address _____
Tele. () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. HQ-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
() Pole/Pad # _____ () Temporary () Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
() No Plans Required
Joint Plan Review Required:
() Bldg () Plumb
() Fire () Elevator
() Elect Plans Approved
Date: _____
Approved By: _____
SUBCODE APPROVAL
() CO () CC () CA
Date: 8/15/03
Approved By: [Signature]

INSPECTIONS
Type Failure Failure Approval Initial
Rough _____
Temp Serv _____
Const Serv _____
TCO _____
Other _____
Service _____
Final 8/15/03 AS
Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

() Licensed Electrical Contractor () Event Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other <u>REINSTATE</u>	35
		Other _____	0

Paid () Check # _____	Administrative Surcharge	\$	0
Collected by: _____	Minimum Fee	\$	0
	TOTAL FEE	\$	35
	DCA State Permit Fee	\$	0

IN THE YEAR 1951, THE UNITED STATES GOVERNMENT WAS INFORMED THAT THE
IN THE YEAR 1951, THE UNITED STATES GOVERNMENT WAS INFORMED THAT THE
IN THE YEAR 1951, THE UNITED STATES GOVERNMENT WAS INFORMED THAT THE
IN THE YEAR 1951, THE UNITED STATES GOVERNMENT WAS INFORMED THAT THE

7561

$$: 4.00 : : 3.00 : 1 : 3 \text{ N}$$

CODE 62-61-5

5. SLASH :

2558

DATE: 12/14/2012

1 : 214 : 1 516/5401

71 10/15/50 10/15/50

DATE: 0190 HEATHEN PRISON: 254:

7. 1. 1972

2000

2000 年 12 月 1 日

FOOTNOTES (CONT. OF ELECTRONIC) 11-1

ARTICLE CONTINUED ON

(1) 6318455 2

026 2570 - 445502

P* ETEC1287 CM698C1861E11C2

1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 26

71-12-10-2448-10-2449

1111

0301922

2001.1501.0.

10-11-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-104

867 K' 102 28 53

405.663 2411

000000 10 200 2000000000 000000

75 JUL 22 1969

Ms. Bibb 100412-55 II 2560000 0

2001 5111 701 11 262

WOMEN'S HEALTH INITIATIVE OFFICE 7-809-525-7600

* INFORMATION-REF ID: A67816 *

10101

[illegible]

2' HEIGHT 216 016

REF ID: A66886

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE RD
TOWNSHIP OF BRICK

TECHNICAL SECTION
BARCODE
ELECTRICITY
DO NOT REMOVE

66LW14 # 00-3323+4
 C9U4LQJ #
 0946 I22N5Q 08\04\5003
 0946 66C6\1A5Q 08\04\5003

53. 2002-03-01

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2000
Date Issued 8/18/00
Control # C2-49
Permit # 00-3367

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. NEW CHANGING

CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 211.11 Lot 11 Qual _____
Work Site Location 22 W GRANADA DR
INTERIOR RENOVATION
Owner in Fee SCHWOCHERT, CLAUD
Address SAME
BRICK, NJ 08723-
Tele. () Fax ()
Contractor
Address
Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 8/16/00
Approved By: [Signature]
SUBCODE APPROVAL
[] CC [] CA
Date: 8/15/00
Approved By: [Signature]

INSPECTIONS Dates (Month/Day)
Type Failure Failure Approval Initial
Rough 9-25-00
Temp Serv
Const Serv
TCO
Other
Service 9-25-00
Final 9-25-00
Temp. Cut-in-Card Date Issued 9-25-00
Final Cut-in-Card Date Issued 9-25-00

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting Fixtures	
2		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
8		TOTAL NUMBERS	35
0		Pool Permit/with UV Lights	0
1		Storable Pool/Spa/Hot Tub	9
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
0	0	Other	0
0	0	Other	0

To main
only
UPONCE AT
PINAL

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

Administrative Surcharge \$ 0
Paid [] Check # Minimum Fee \$ 0
Collected by: TOTAL FEE \$ 84
DCA Training Fee \$ 0

TOWNSHIP DE BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/04/2003
Date Issued 08/04/2003
Control #
Permit # 00-3367+A

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

Block 211.11 Lot 11 Qual _____
Work Site Location 22 W GRANADA DR
INTERIOR RENOVATION
Owner in Fee SCHWOCHERT, CLAU
Address SAME
BRICK, NJ 08723-
Tel: [REDACTED]
Contractor _____
Address _____
Tele. () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic
Water Sewer Size _____ ☐ Public Water ☐ Private Well
Estimated Cost of Plumbing Work \$ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type	Failure Failure Approval Initial
Joint Plan Review Required:	Slab	_____
☐ Bldg ☐ Elect	Rough	_____
☐ Fire ☐ Elevator	Water	_____
☐ Plumb. Plans Approved	Sewer	_____
Date: _____	Fixtures	_____
Approved By: _____	Gas Equip.	_____
SUBCODE APPROVAL	Gas Piping	_____
☐ CO ☐ CCO ☐ CA	Solar	_____
Approved By: <u>[Signature]</u>	TCO	_____
Date: <u>8-11-03</u>		

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
☐	Water Closet	0
☐	Urinal / Bidet	0
☐	Bath Tub	0
☐	Lavatory	0
☐	Shower	0
☐	Floor Drain	0
☐	Sink	0
☐	Dishwasher	0
☐	Drinking Fountain	0
☐	Washing Machine	0
☐	Hose Bib	0
☐	Water Heater	0
☐	Fuel Oil Piping	0
☐	Gas Piping	0
☐	Steam Boiler	0
☐	Hot Water Boiler	0
☐	Sewer Pump	0
☐	Interceptor / Separator	0
☐	Backflow Preventer	0
☐	Greasetrap	0
☐	Sewer Connection	0
☐	Water Service Connection	0
☐	Stacks	0
☐	Other <u>REINSTATE</u>	35
☐	Other _____	0

	Administrative Surcharge	\$	0
Paid ☐ Check # _____	Minimum Fee	\$	0
Collected by: _____	TOTAL FEE	\$	35
	DCA State Permit Fee	\$	0

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
☐ Licensed Plumbing Contractor ☐ Event Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2000
Date Issued 8/11/00
Control # C2-49
Permit # 00-3367

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

Block 211.11 Lot 11 Qual

Work Site Location 22 W GRANADA DR

INTERIOR RENOVATION

Owner in Fee SCHROCHERT, CLAU

Address SAME

BRICK, NJ 08723-

Tele. () Fax ()

Contractor

Address

Tele. ()

Lic. No. or Bldg. Reg. No.

Federal Emp. No. HQ-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [] Public Sewer [] Private Septic

Water Sewer Size [] Public Water [] Private Well

Estimated Cost of Plumbing Work \$ 806

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved

Date: 8-10-00

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By: [Signature]

Date: 8-11-00

INSPECTIONS

Type Dates (Month/Day)

Slab Failure Failure Approval Initial

Rough

Water

Sewer

Pictures

Gas Equip.

Gas Piping

Solar

TCO

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge \$ 0
Paid [] Check # Minimum Fee \$ 0
Collected by: TOTAL FEE \$ 40
DCA Training Fee \$ 1

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/04/2003
Date Issued 08/04/2003
Control 0
Permit 0 00-3367+A

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

Block 211.11 Lot 11 Qual _____
Work Site Location 22 W GRANADA DR
INTERIOR RENOVATION
Owner in Fee SCHMOCHERT, CLAU
Address SAME
BRICK, NJ 08723-
Tele. _____
Contractor _____
Address _____
Tele. () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Exp. No. HO- _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size _____ [] Public Sewer [] Private Septic
Water Sewer Size _____ [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type	Failure Failure Approval Initial
Joint Plan Review Required:	Slab	_____
[] Bldg [] Elect	Rough	_____
[] Fire [] Elevator	Water	_____
[] Plumb. Plans Approved	Sewer	_____
Date: _____	Fixtures	_____
Approved By: _____	Gas Equip.	_____
SUBCODE APPROVAL	Gas Piping	_____
[] CO [] CCO [] CA	Solar	_____
Approved By: _____	TCO	_____
Date: _____		

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
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 Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other REINSTATE	35
0	Other	0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/04/2003
Date Issued 08/04/2003
Control #
Permit # 00-3367+A

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

Block 211.11 Lot 11 Quad _____
Work Site Location 22 W GRANADA DR
INTERIOR RENOVATION

Owner in Fee SCHNOCHERT, CLAU
Address SAME
BRICK, NJ 08723-

Tele. () _____
Contractor _____
Address _____

Tele. () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present F-3 Proposed R-3
Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic
Water Sewer Size _____ ☐ Public Water ☐ Private Well
Estimated Cost of Plumbing Work 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Date (Month/Day)
☐ No Plans Required	Type	Failure Failure Approval Initial
Joint Plan Review Required:	Slab	
☐ Bldg ☐ Elect	Roof	
☐ Fire ☐ Elevator	Water	
☐ Plumb. Plans Approved	Sewer	
Dates:	Fixtures	
Approved By:	Gas Equip.	
SUBCODE APPROVAL	Gas Piping	
☐ CO ☐ CCO ☐ CA	Solar	
Approved By:	TCO	
Dates:		

D. TECHNICAL SITE DATA (List 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 Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other <u>REINSTATE</u>	35
0	Other	0

Administrative Surcharge	\$	0
Paid ☐ Check # _____ Minimum Fee	\$	0
Collected by: _____ TOTAL FEE	\$	35
DCA State Permit Fee	\$	0

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
☐ Licensed Plumbing Contractor ☐ Exempt Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2000
 Date Issued 11/1/00
 Control # C2-49
 Permit # 20-3361

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

Block 211.11 Lot 11 Qual _____

Work Site Location 22 J GRANADA DR

INTERIOR RENOVATION

Owner in Fee SCHUCHERT, CLAU

Address SALE

BRICK, NJ 08723-

Tele. () _____ Fax () _____

Contractor _____

Address _____

Tele. () _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. RG-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size _____ [] Public Sewer [] Private Septic

Water Sewer Size _____ [] Public Water [] Private Well

Estimated Cost of Plumbing Work \$ 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Rldg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved

Date: 8-1-00

Approved By: _____

SUBCODE APPROVAL

[] CO [] CCO [] CL

Approved By: _____

Date: _____

INSPECTIONS

Type Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equip. _____

Gas Piping _____

Solar _____

TCO _____

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge \$ _____
 Paid [] Check # _____ Minimum Fee \$ _____
 Collected by: _____ TOTAL FEE \$ 40
 DCA Training Fee \$ _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

3/4" W

AE-6

FF 8 47'

FE RAL EMERGENCY MANAGEMENT AGE Y
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

00-19353

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>Claus Schwobert - Andrea Bellina</u>		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>22 W. Granada Dr.</u>		Company NAIC Number	
CITY <u>Brook</u>	STATE <u>NJ</u>	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 11 Block 211.11</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)			

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####")	HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983	SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:
--	--	--

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Brook 345285</u>		B2. COUNTY NAME <u>Ocean</u>		B3. STATE <u>NJ</u>	
B4. MAP AND PANEL NUMBER <u>345285 0007</u>	B5. SUFFIX <u>E</u>	B6. FIRM INDEX DATE <u>8/4/1972</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>8/3/1998</u>	B8. FLOOD ZONE(S) <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>6.0'</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum _____ Conversion/Comments _____

Elevation reference mark used CONK Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☒ a) Top of bottom floor (including basement or enclosure)	<u>4</u> <u>32</u> ft.(m)
☒ b) Top of next higher floor	<u>8</u> <u>47</u> ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
☒ d) Attached garage (top of slab)	<u>6</u> <u>44</u> ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building	<u>N/A</u> ft.(m)
☒ f) Lowest adjacent grade (LAG)	<u>5</u> <u>24</u> ft.(m)
☒ g) Highest adjacent grade (HAG)	<u>6</u> <u>07</u> ft.(m)
☒ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>1</u>
☒ i) Total area of all permanent openings (flood vents) in C3h	<u>80</u> sq. in (sq. cm)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME <u>FRANK J. EINST</u>	LICENSE NUMBER <u>28308</u>
TITLE <u>Professional Land Surveyor</u>	COMPANY NAME <u>Seneca Survey Co. Inc.</u>
ADDRESS <u>1314 Hooper Ave, Suite 3</u>	CITY <u>Town River</u> STATE <u>NJ</u> ZIP CODE <u>08753</u>
SIGNATURE <u>Frank J. Einst</u>	DATE <u>6/30/2000</u> TELEPHONE <u>341-7744</u>

List of Ex. Fixture

1 Bathroom Group to be relocated

Add: 1 Shower to be added

Kit. Group	7
Wash Mach	2
2 Hose bibs	4
	36

Ann Schuster

22 West Granada

Brick N.J. 08723

SHEDS: If shed is 100 sq. ft. or more, complete a zoning, engineering, and building application. Include 2 surveys indicating location, dimensions and setbacks. Submit 2 details on how the shed is constructed. If it is a pre fab shed, submit the brochure. If shed is under 100 sq. ft., follow the above instructions omitting the engineering and building application. Either case, submit anchoring method.

SWIMMING POOLS: Complete zoning, engineering, building and electrical application. Submit 2 surveys showing location of pool, dimensions and setbacks. Submit 2 engineered sealed plans for an in ground pool and a brochure for an above ground pool. Also include a brochure on the filter and pump system and a pool certification form which needs to be signed by the homeowner and notarized. The STATE requires the ladder or stairs to the pool be fenced in and must have a self closing latched gate. If a chain link fence is to be used, the link must be an 1 1/4".

TOWNSHIP OF BRICK

TYPES OF IMPROVEMENTS THAT REQUIRE BUILDING PERMITS AND THE REQUIREMENTS FOR OBTAINING A BUILDING PERMIT

ALL SURVEY NEED TO BE TO SCALE-NO EXCEPTIONS.

ADDITION: Submit 2 surveys showing the location of the addition, dimensions and setbacks. Complete a zoning and engineering application. Submit 2 sets of drawings and cross section showing all materials used from the footing to the roof. Submit a floor plan labeling rooms, size of windows and doors. If plans are drawn by homeowner, each page of the detail must be signed. Ask for addition checklist for further information.

ELECTRIC: Permits for electrical work are now accepted at our office since July 1, 1998. The county doesn't service our town anymore.

ALTERATION: For inside changes, submit 2 copies of the existing and proposed floor plan.

BULKHEADS & DOCKS: Copy of State and Army Corps permits. Complete engineering and building application. Submit 2 surveys showing bulkhead and/or dock and 2 cross section details signed by contractor.

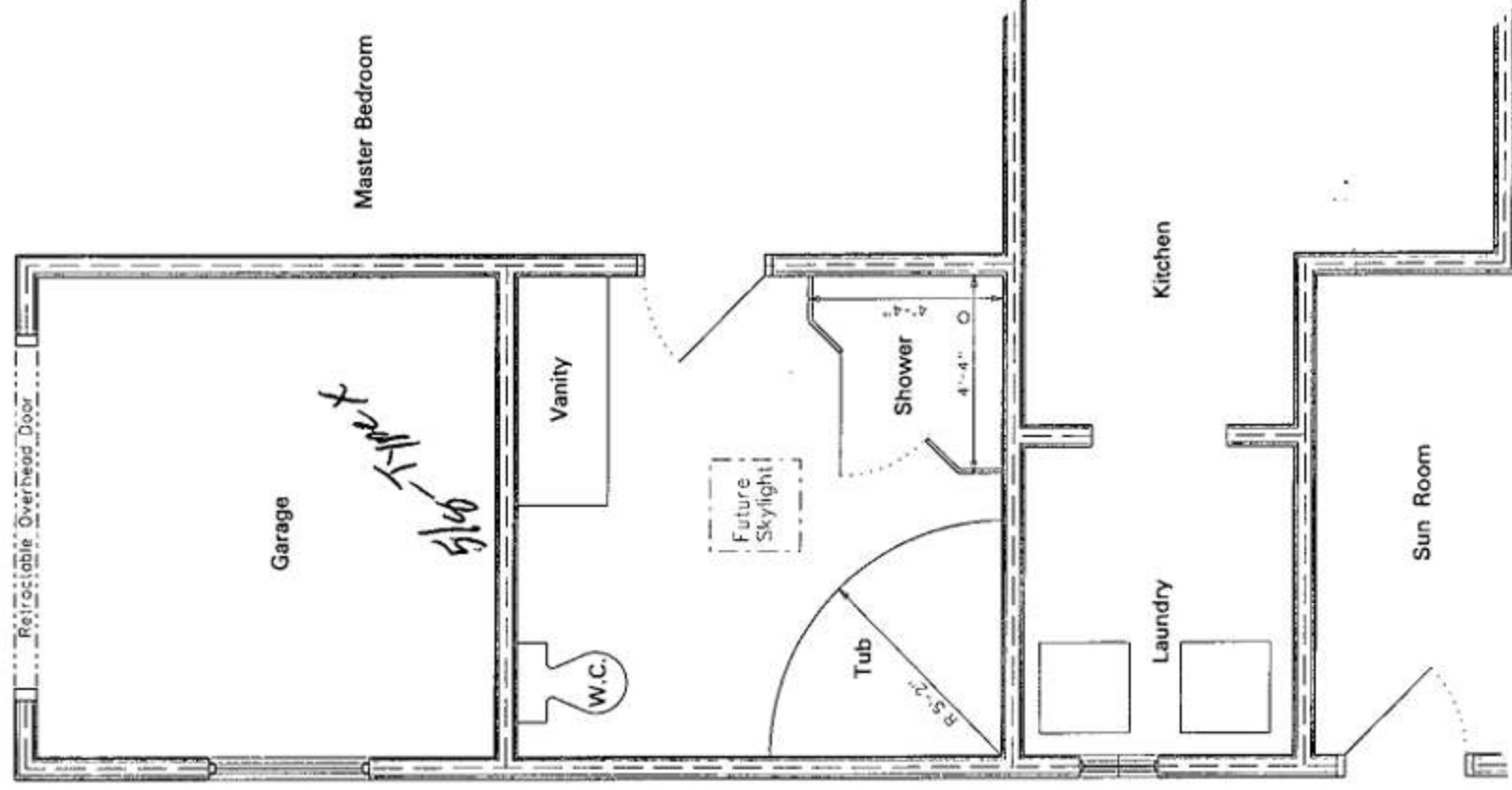
DECK: Submit 2 surveys showing the location, dimensions and setbacks of the deck. Complete a zoning and engineering application along with a building application. Submit 2 sets of plans showing how the deck will be constructed from the footing to the rail. A top view and a side view showing size of lumber being used.

FENCES: Complete a zoning, engineering and building application along with 2 survey of the property indicating with X's the location of the fence with the height and type proposed.

FIREPLACES & WOOD STOVES: If a masonry chimney is being built on the outside the house, complete a zoning and engineering application including 2 surveys showing location, dimensions and setbacks. Also include 2 copies of a cross section of foundation hearth and throat. Wood burning stove needs brochure with building and fire application completed. Gas fireplaces require brochure, gas sketch and completed building, plumbing and fire applications.

PLUMBING: Complete plumbing application along with gas piping, isometric sketch, and/or list of existing fixtures.

ROOFING & SIDING: Complete building application. A debris form must be completed for any rip off. Only D225 or D3462 shingles are acceptable.



Proposed Floorplan

Plan Review Class Date City

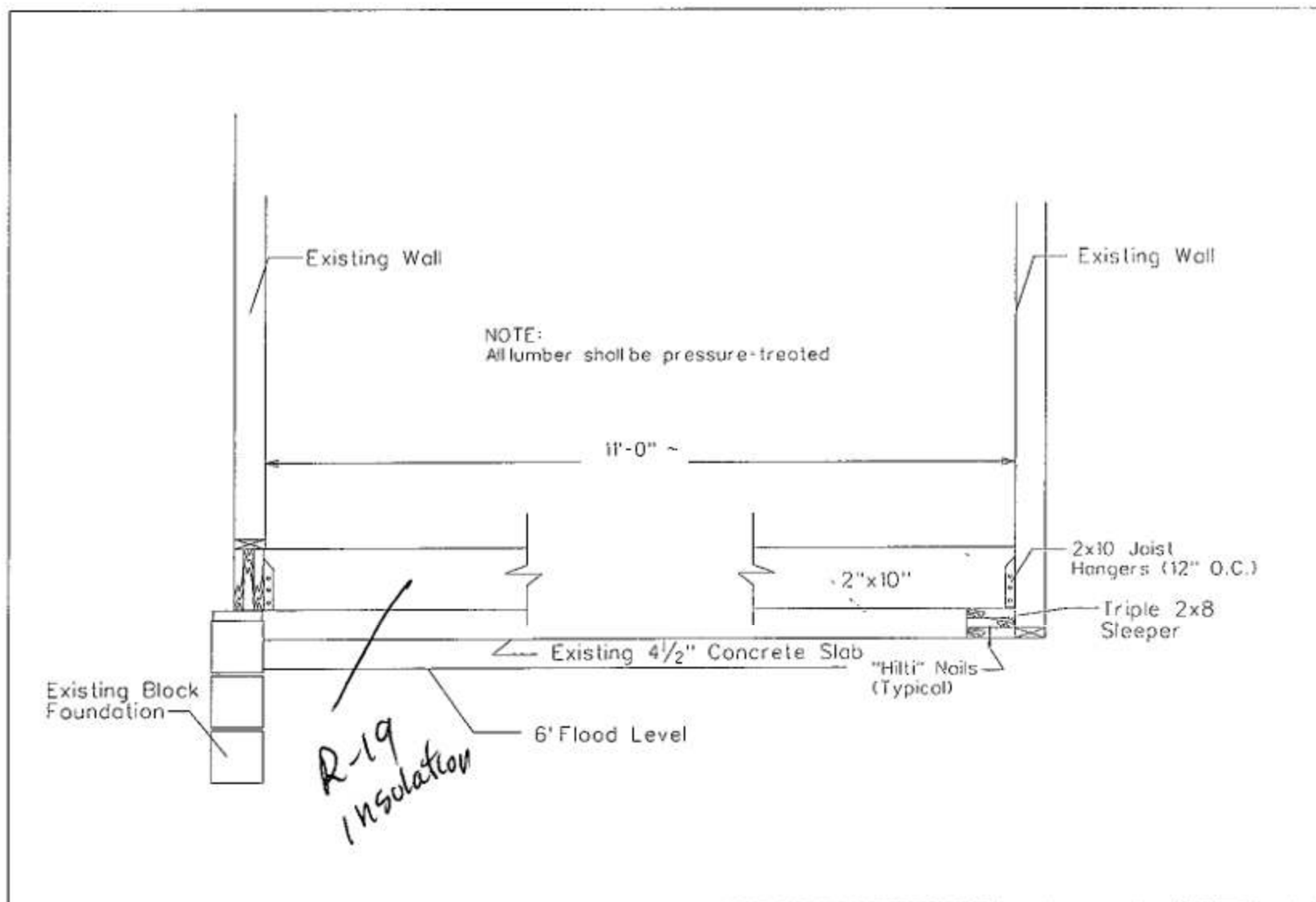
Zoning _____

Plumbing 8-18-00 RFB

Building 8-3-00 FM

Fire _____

8-16-00 TD



BRICK TOWNSHIP

Plan Review

Class

Date

By

Zoning

Plumbing

8-10-00

Building

8-3-00 PM

Fire

Energy

Electrical

8-16-00 G

Plan Review

BRICK TOWNSHIP

Zoning

Class

Plumbing

Date

By

Building

Fire

Energy

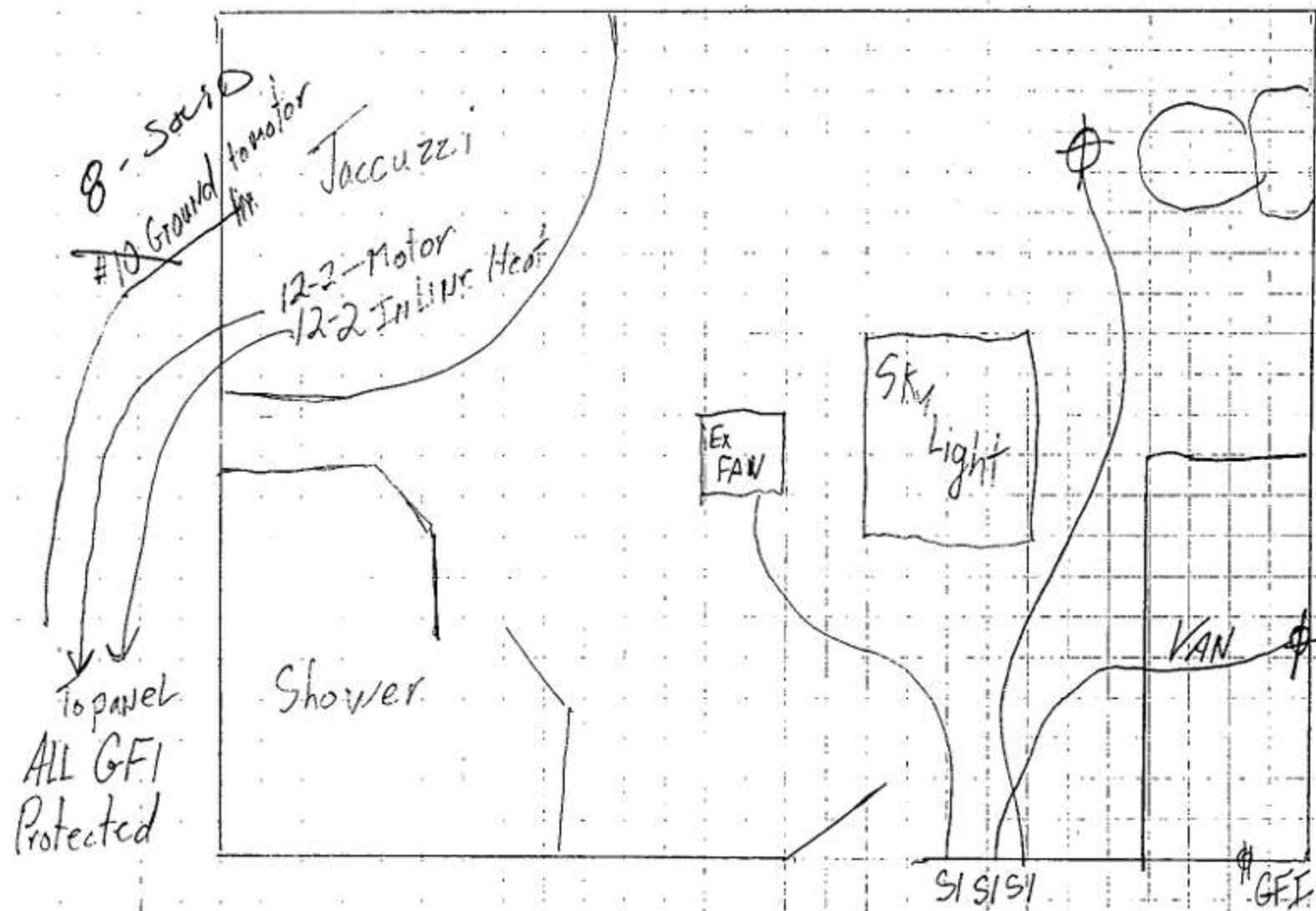
Electrical

8-8-02

8-3-02

144

160020



BRICK TOWNSHIP
Plan Review

Class

Date

By

8-10-00

[Signature]

8-3-00

[Signature]

8-16-00

Enclosed

Claus Schwachert

APPLICANT

11 LOT 211

11 BLOCK

W Granada STREET

SECTION

TYPE Ranch

PERMIT _____

TYPE ROOFING _____

RAFTER SIZE AND SPACING _____

ROOF SHEATHING _____

CEILING JOIST SIZE AND SPACING _____

TYPE SIDING _____

WALL SHEATHING _____

TYPE WINDOWS _____

WALL FRAMING SIZE AND SPACING _____

CEILING INSULATION

R _____

WALL INSULATION

R _____

FLOOR INSULATION

R _____

SUB-FLOOR _____

FLOOR JOIST SIZE AND SPACING _____

GIRDER _____

BRIDGING _____

SILLPLATE _____

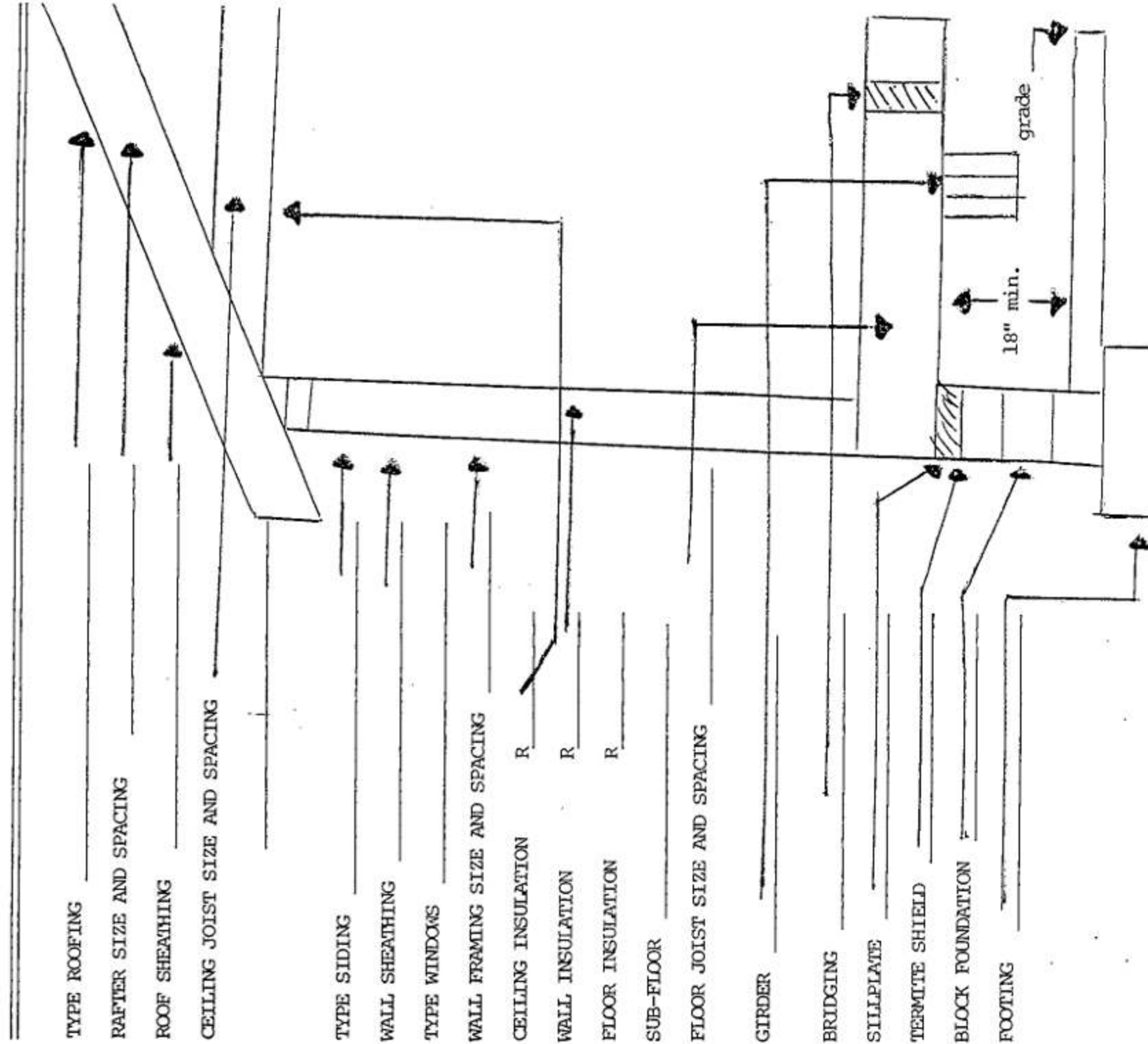
TERMITE SHIELD _____

BLOCK FOUNDATION _____

FOOTING _____

18" min.

grade



Joseph C. Scarpelli Mayor

Township Council

Frederick J. Underwood, Sr - President
Stephen C. Acropolis
Klamberley S. Casten
Steven N. Quoci
Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin



Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.bricknj.us

Date: 7/25/00

Block: 211 Lot: 11

Property Address: 22 West Granada

I, Claus Schwochert of 22 West Granada
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

Claus Schwochert
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: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments: _____

Site Location: Brick Twp 22 West Granada
Block: 211 Lot: 11
Owner's Name: Claus Schwachert
Owner's Mailing Address: 22 West Granada, Brick Twp N.J.
Phone: [REDACTED]

BUILDING

Contractor: Self
Address: _____
Phone#: _____
Lic #: _____
Federal Emp # or SSN: _____

Technical Data

Description of Work:

Building a bathroom in the garage. Has concrete slab, and existing walls for support.

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: 1
Height of Structure: 8'
Area of the largest floor: 121
Area of New Building: 121
Volume of Structure: _____
Total Land Disturbed: _____

Cost of Alteration: 8,200.00

Cost of New Building: _____

Total Cost of Building Work: 8,200.00

Signature: Claus Schwachert

Please Print Name Claus Schwachert

ELECTRICAL

Contractor: Self
Address: _____
Phone#: _____
Lic #: _____
Federal Emp # or SSN: _____

Technical Data

Item	Quantity
Lighting Fixtures	<u>2</u>
Receptacles	<u>2</u>
Switches	<u>3</u>
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	<u>3hp</u>
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	<u>8</u>

Pool _____
Spa/Hot Tub/Storable Pool 110V
Electric Range _____ K
Oven/Surface Unit _____ K
Electric Water Heater _____ K
Electric Dryer _____ K
Dishwasher _____ K
Garbage Disposal _____ K
A/C Unit - Central Air _____ K
Space Heater/Air Handler _____ K
Baseboard Heating _____ K
Motors 1+ HP _____
Transformer/Generator _____ K
Light Stander _____ AN
Service 100 AMP MAST Service AN
Subpanel _____ AJ
Motor Control Center _____ AJ
Sign/Outline Light _____ K
Furnace _____
Steam Boiler _____
Other: SPA Hot - 2000W

Estimated Cost of Electrical Work: 600.00

Signature: Claus Schwachert

Please Print Name Claus Schwachert

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

Technical Data

Description of Work:

Quality

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 _____

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:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Plumbing Work: 800.00

Signature: Tom Schwobert

Please Print Name: Tom Schwobert

Estimated Cost of Fire Work

PROPERTY ADDRESS (number and street) 22 West Granada
NAME OF PROPERTY OWNER Claus Schwöcher
PERSONAL NAME OF APPLICANT Claus Schwöcher
BUSINESS NAME OF APPLICANT _____
MAILING ADDRESS OF APPLICANT 22 West Granada, Brick NJ 08723
TELEPHONE NUMBER OF APPLICANT [REDACTED]

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-family dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (please describe, specifically additions)

Build Master Bath in Garage

All dimensions: 11' Width 11' Length 8' Height

All dimensions: _____ Width _____ Length _____ Height

All dimensions: _____ Width _____ Length _____ Height

Deck or Garage: _____ Attached _____ Detached _____ Height

Fence: _____ Style _____ Material _____ Height

CHECKLIST:

- ☒ All information completed above
☒ Two (2) copies of the property survey map 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.

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

Claus Schwöcher

Date 7/25/00

() Approved () Rejected