TOWNSHIP OF FREEHOLD
1 MUNICIPAL PLAZA
FREEHOLD, NJ 07728

C2-49

BLOCK 210 LOT 11 QUALIFICATION CODE ADDRESS (SITE) 22 West Granada PERMIT NO. 00-3367

RECEIVED
AUG 2 2000
DIV. OF INSPECTIONS

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 Schwochert Tel [redacted]
   Address 22 West Granada (street) Brick TWP (municipality) 08723-7658 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Claus Schwochert 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 Schwochert
   [redacted] FAX ( ) ____

Interior Renovation

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	215	352	
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				
13. TOTAL	$	341	106	

518 TA

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

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		CAS	8/2/00						
3. ☐ Addition									
4. ☑ Alteration	7,000.00				8-3-00	RP	8-11-03		
5. ☐ Fire Protection									
6. ☑ Plumbing	400.00				8-10-00		01		
7. ☑ Electrical	800.00				8/600		8-13-03		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	8,200.00								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL

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

8/17/00 left message

LDS BR 10400736

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 Owner Schwerkert Date 7/ /00

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.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/18/2000
Control #
Permit # 00-3347

OCC NEW JERSEY
CONSTRUCTION PERMIT#

IDENTIFICATION Block 211.11 Lot 11 Qual

Work Site Location 22 N GRANDVIEW DR
INTERIOR RENOVATION
Owner in Fee SCHNOCKERT, CLAUS
Address: SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 00-

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 (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:
INTERIOR REMOVATION
BUILDING A BATHROOM IN THE GARAGE, NEW 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

J Cervanna/cs
Construction Official

08/18/2000
Date

PAYMENTS (Office Use Only)

Building	115
Electrical	24
Plumbing	40
Fire Protection	0
Elevator Devices	3
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other	
Total	187
Check No.	512
Cash	
Collected By	CS

B.C.O. P170 (rev. 3/96)

C3E

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 Qual

Work Site Location 22 W GRANADA DR
INTERIOR RENOVATION
Owner in Fee SCHNOCKERT, CHAS
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone (
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

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

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 8 only)

DESCRIPTION OF WORK:
REINSTATE PERMIT

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	105
Check No.	941
Cash	
Collected By	MJK

Estimated Cost of Work $ 30

D. Newman
Construction Official

08/04/2003
Date

U.C.C. F190 (rev. 3/95) NJ UCCARS 5.2+E

CSF MJ UCCAPS 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 SCHNOCHERT, CLAUS
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. 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 an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REINSTATE PERMIT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK

[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] 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
[X] Other REINSTATE 35
Other 0
[ ] Decolition 0

FEE (Office Use Only)

	$ 0
	0
	0
	0
	0
	0
	0
	0
	0
	35
	0
	0

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

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

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 SCHUOCHERT, CLAUS
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor
Address

Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 80-

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-3-00	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 8,200
3. Total (1+2)$ 8,200

Industrialized Building:
[ ] State Approved
[ ] HUD

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

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

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-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, CLAUS
Address SAME
BRICK, NJ 08723-
Tele.(732)451-1976
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. 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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-3-00	FMP
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 8,200
3. Total (1+2) $ 8,200

Industrialized Building:
[ ] State Approved
[ ] HUD

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

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

C3E NJ LCCARS 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, CLAUS

Address SAME

BRICK, NJ 08723-

Tele [redacted]

Contractor

Address

Tele.( ) Fax ( )

Lic. No. or Bldrs. 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 ac authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REINSTATE PERMIT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
( ) No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 10
3. Total (1+2)$ 10

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
[X] Other REINSTATE	35
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

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

C3E 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, CLAUS

Address SAME

BRICK, NJ 08723-

Tele [redacted]

Contractor

Address

Tele.( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REINSTATE PERMIT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 8-11-03

Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			8/11/03	
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
[X] Other REINSTATE	35
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 10
3. Total (1+2) $ 10

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

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

NJ UCCARS 5.2SE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/04/2003
Date Issued 08/04/2003
Control #
Permit # 03-3367+A

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN EXAMPLES
CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY ONE CALL 1-800-272-1000

Block 211.11 Lot 11 Qual
Work Site Location 12 W SEAWARD DR
INTERIOR RENOVATION
Owner in Fee
Address
Tele. (732)
Contractor
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the agent of the 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
[ ] Plans Rec.
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Ele.
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Dates (Month Day) Failure Failure Approval Initial
Type
Footing
Foundation
Slab
Frame
Barrier-Free
Insulation
Fireplace
Energy
Mechanical
ICO
Other
Final
Barrier-Free

TYPE OF WORK
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement N.J.A.C. 5:17
[X] Other REINSTATE
Other
[ ] Demolition

FEE (Office Use Only)
0
0
0
0
0
0
0
0
0
25
0
0

B. BUILDING CHARACTERISTICS
Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area (All Floors) 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Buildings:
[ ] State Approved
[ ] HUD

Administrative Surcharge 0
Paid [ ] Check # Minimum Fee 0
Collected by: TOTAL FEE 25
DCA State Permit Fee 0

U.C.C. F110 (rev. 3/94)

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, CLAUS
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-3-00	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-11-03
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			9-28-00	FM
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			8/11/03	FM
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 8,200
3. Total (1+2)$ 8,200

Industrialized Building:
[ ] State Approved
[ ] HUD

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

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

CBJ UCC4R55.24E

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 DIG NO: 1-800-272-1000

Block 211.11 Lot 11 Qual
Work Site Location 22 W GRENADA DR
INTERIOR RENOVATION
Owner in Fee SCHWOCHERT, CLAUS
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. Id. NO-

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 [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 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 [ ] Owner 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 1/4 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 REINSTATE	35
		Other	0

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

CD: UCCAPSE.EXE

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+4

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG HOT: 1-800-272-1000

Block 211.11 Lot 11 Qual
Work Site Location 23 W GRANADA DR
INTERIOR RENOVATION
Owner or Fee SCHWOCHERT, CLAUS
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
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 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	Failure	Failure	Approval	Initial
Rough				
Temp Ser-				
Const Ser-				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

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 [ ] Agent Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
2		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
1		Emergency & Exit Lights	
		Communications Points	
0		Alarm Devices,F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit with UW Lights	0
0		Storable Pool/Spa Not Tmt	0
0	0	KW Elect Range Receptacle	0
0	0	KW Over 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
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 REINSTATE	35
		Other	0

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

UCC FORM (Rev. 2/94)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2000
Date Issued 8/15/00
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, CLAUS
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:

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

INSPECTIONS Type	Dates (Month/Day) Failure	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	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
		Other	0
		Other	0

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

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2000
Date Issued 8/18/2000
Control # 02-49
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 SCHNOCHERT, CLAUS
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:

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

INSPECTIONS Type	Dates (Month/Day) Failure	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	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
		Other	0
		Other	0

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

U.C.C. F120 (rev. 3/96)

C3J UCCARS5.24E

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 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, CLAUS
Address SAME
BRICK, NJ 08723-
Tele [redacted]
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 $ 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: 8/15/03
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			8/15/03	PS

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 [ ] Exempt 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 REINSTATE	35
		Other	0

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

U.C.C. 5120 (rev. 2/96)

DIVISION OF INSPECTIONS
104 CHAMBERS BRIDGE RD
TOWNSHIP OF BRICK

TECHNICAL SECTION
ELECTRICAL
NOC NEW TENSEY

Date Issued 08\04\2003
Date Received 08\04\2003

Control #
Permit # 00-3362-A

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, CLAUS
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:

SUBCODE APPROVAL
[~~ ~~] CCO [ ] CA
Date: 8/15/00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			9-25-00	
Temp Serv				
Const Serv				
TCO				
Other				
Service			9-25-00	
Final			8/15/00	9-25-00
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				

To main only
UPDATE AT PANEL

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

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	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
		Other	0
		Other	0

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

U.C.C. F120 (rev. 3/96)

C3J UCCARS 5.24E

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 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, CLAUS

Address SAME

BRICK, NJ 08723-

Tel: [redacted]

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

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
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] TA
Approved By:
Date: 8-11-03

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

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

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
	Other REINSTATE	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: 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 08/02/2000
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 SCHOCHERT, CLAUS
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

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:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8-10-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 8-11-00

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

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

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
	Other	0
	Other	0

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

3/4" W

AE-6

FF 8.47'

U.C.C. P130 (rev. 3/96)

C3J UCCARS 5.24E

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 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, CLAUS

Address SAME

BRICK, NJ 08723-

Tele. [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
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

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

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

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
	Other REINSTATE	35
	Other	0

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

C3J UCCARS 5.24E

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 # 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 SCHNOCHERT, CLAUS
Address SAME
BRICK, NJ 08723-
Tele [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
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

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

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

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

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
	Other REINSTATE	35
	Other	0

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

U.C.C. 5139 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2000
Date Issued 11/1/0
Control # C2-49
Permit # C0-3364

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 SCHOOCHERT, CLAUS
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

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:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

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

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

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

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
	Other	0
	Other	0

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

3/4" W AE-6
FF @ 47'

U.C.C. F130 (rev. 3/96)

FE RAL EMERGENCY MANAGEMENT AGE Y
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

00-19353

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME: Claus Schwochert - Andrea Bellina

Policy Number:

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 22 W. Granada Dr.

Company NAIC Number:

CITY: Brick STATE: NJ ZIP CODE:

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Lot 11 Block 211.11

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	B2. COUNTY NAME	B3. STATE
Brick 345285	Ocean	NJ

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345285 0007	E	8/4/1972	8/3/1998	AE	6.0'

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)	4.32 ft.(m)	
☑ b) Top of next higher floor	8.47 ft.(m)	
☐ c) Bottom of lowest horizontal structural member (V zones only)	N/A ft.(m)	
☑ d) Attached garage (top of slab)	6.44 ft.(m)	
☐ e) Lowest elevation of machinery and/or equipment servicing the building	N/A ft.(m)	
☑ f) Lowest adjacent grade (LAG)	5.24 ft.(m)	
☑ g) Highest adjacent grade (HAG)	6.07 ft.(m)	
☑ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	1	
☑ i) Total area of all permanent openings (flood vents) in C3h	80 sq. in (sq. cm)	

License Number, Embossed Seal, Signature, and Date

Lic. No. 28308
6/30/2000

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: Frank J. Einst LICENSE NUMBER: 28308

TITLE: Professional Land Surveyor COMPANY NAME: Seneca Survey Co. Inc.

ADDRESS: 1314 Hooper Ave, Suite 3 CITY: Toms River STATE: NJ ZIP CODE: 08753

SIGNATURE: DATE: 6/30/2000 TELEPHONE: 341-7744

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

Thomas Schweikert
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 notorized. 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 ¼".

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.

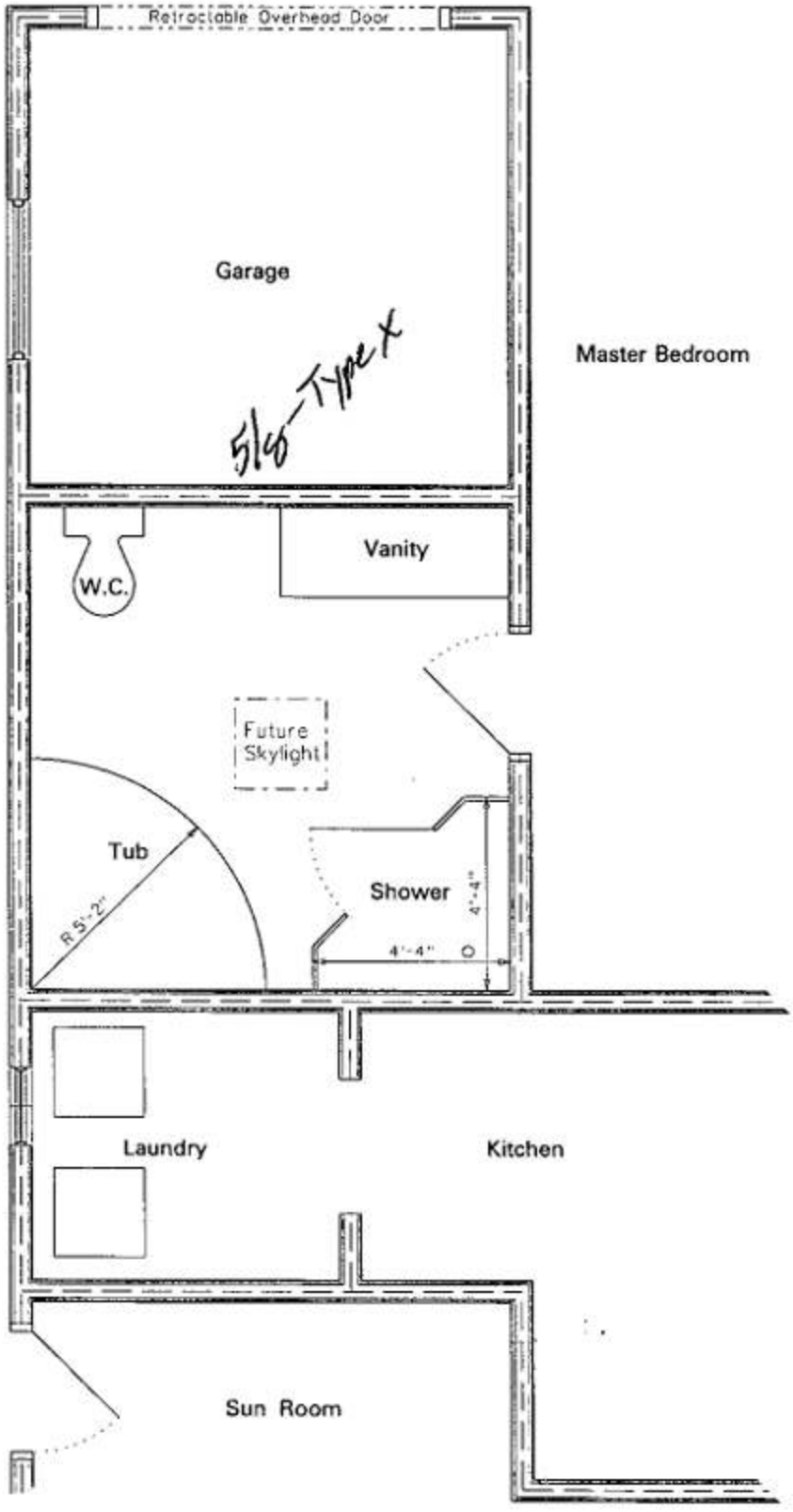
DECK: Submit 2 surveys showing the location, dimensions and setbacks of the deck.. Complete a zoning and engineering application along with a building application. Submi 2 sets of plans showing how the deck will be constructed from the footing to the rail. A top view and a side view showing size of lumber 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 foundatio hearth and throat. Wood burning stove needs brochure with building and fire applicatio completed. Gas fireplaces require brochure, gas sketch and completed building ,plumbi and fire applications.

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

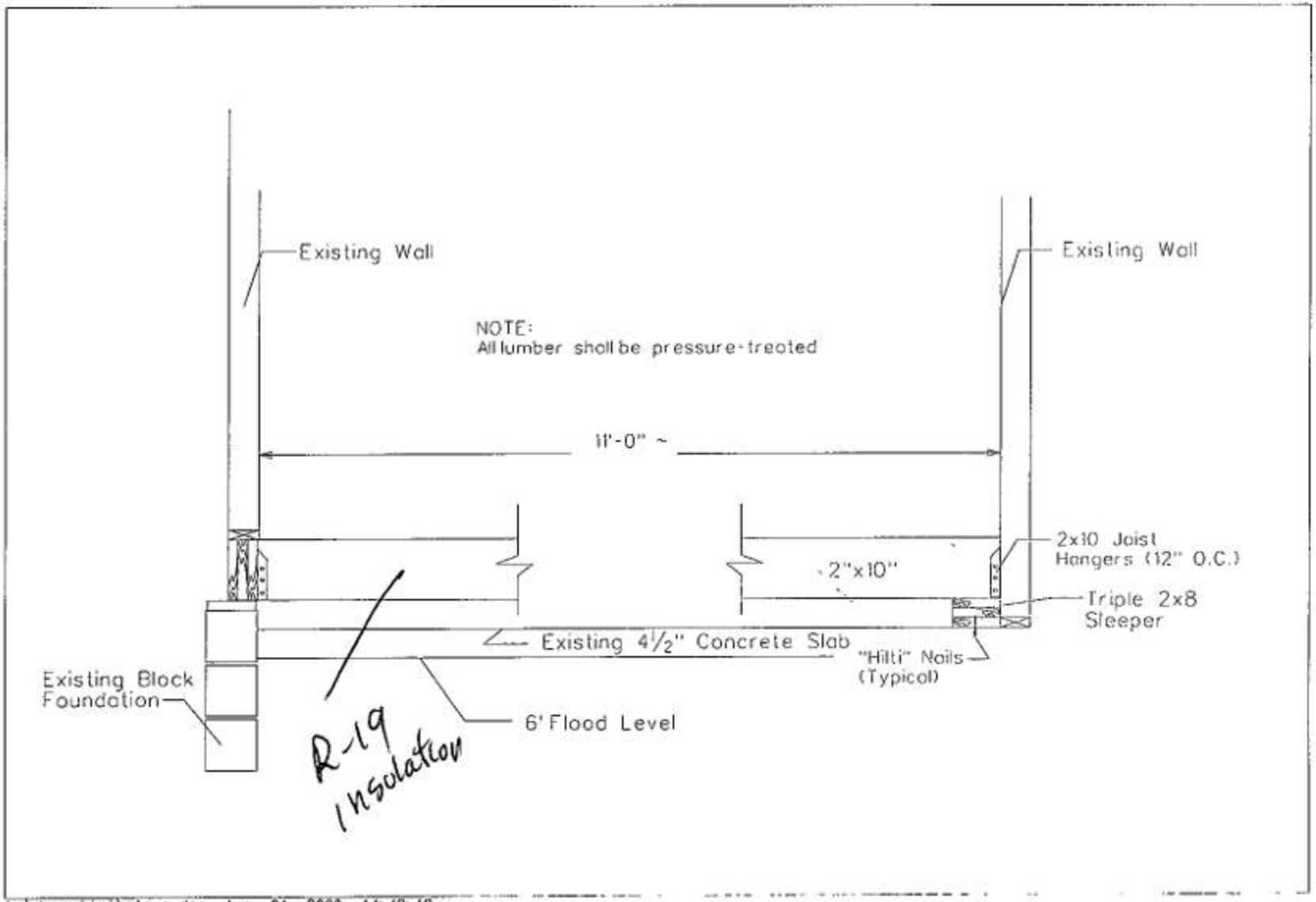
ROOFING & SIDING: Complete building application. A debris form must be complet for any rip off. Only D225 or D3462 shingles are acceptable.



Proposed Floorplan

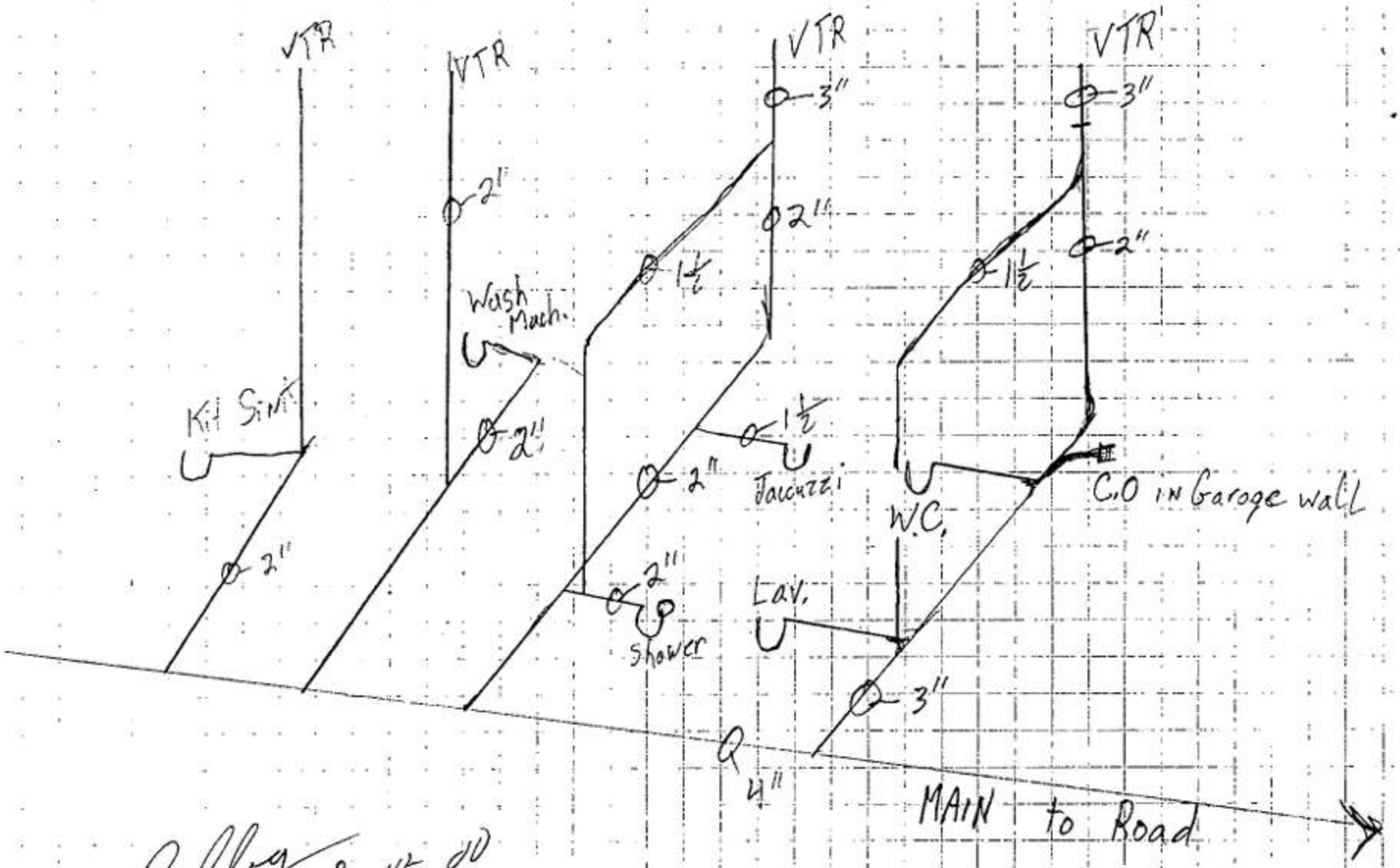
h:\dagostini\claus.dgn Aug. 01, 2000 14:48:51

Plan Review	Class	Date	By
Zoning			
Plumbing		8-10-00	
Building		8-3-00	FM
Fire			
		8-16-00	


Existing Wall
Existing Wall
NOTE:
All lumber shall be pressure-treated
11'-0" ~
2x10 Joist
Hangers (12" O.C.)
2"x10"
Triple 2x8
Sleeper
Existing 4½" Concrete Slab
"Hilti" Nails
(Typical)
Existing Block
Foundation
6' Flood Level
R-19
Insulation
h:\dagostini\claus.dgn Aug. 01, 2000 14:49:19

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing		8-10-00	
Building		6-3-00	PM
Fire			
Energy			
Electrical		8-16-00	



P. Hbg 8-14-00

D.W.V

BRICK TOWNSHIP

Plan Review | Class | Date | By

Zoning

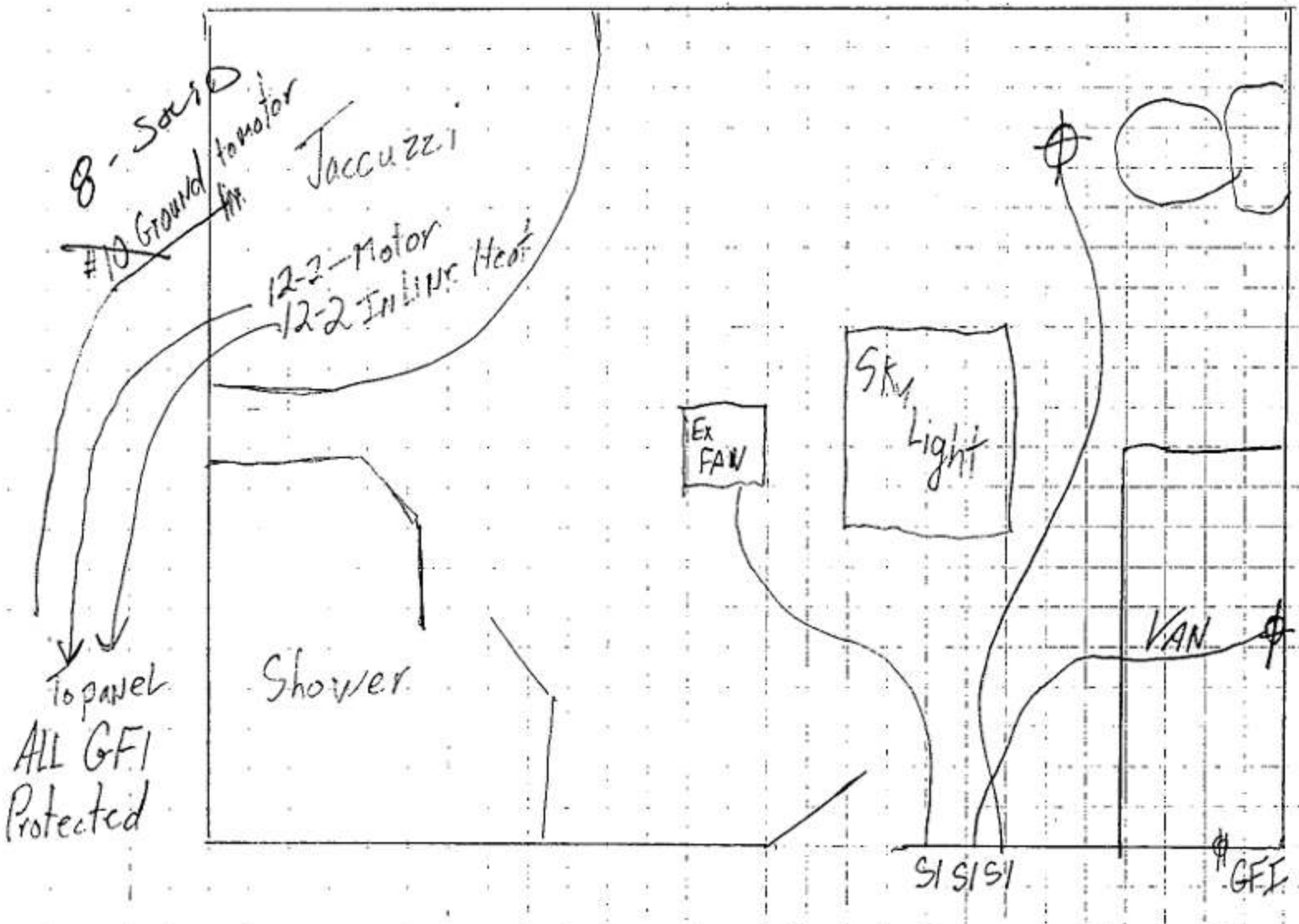
Plumbing 8-10-00

Building 8-3-00

Fire

Energy

Electrical 8/16/00


8 - Solid
#10 Ground to motor frame
Jaccuzzi
12-2 - Motor
12-2 In Line Heat
Ex FAN
SKY Light
VAN
Shower
to panel
ALL GFI
Protected
S/S/S/
GFI

Electrical

BRICK TOWNSHIP

Plan Review	Class	Date	By
[illegible]		8/10-00	
[illegible]		8-3-00	
[illegible]			
[illegible]		8/16/00	

APPLICANT Claus Schwochert

LOCATION 11 LOT 211 11 BLOCK 11 STREET W Granada 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

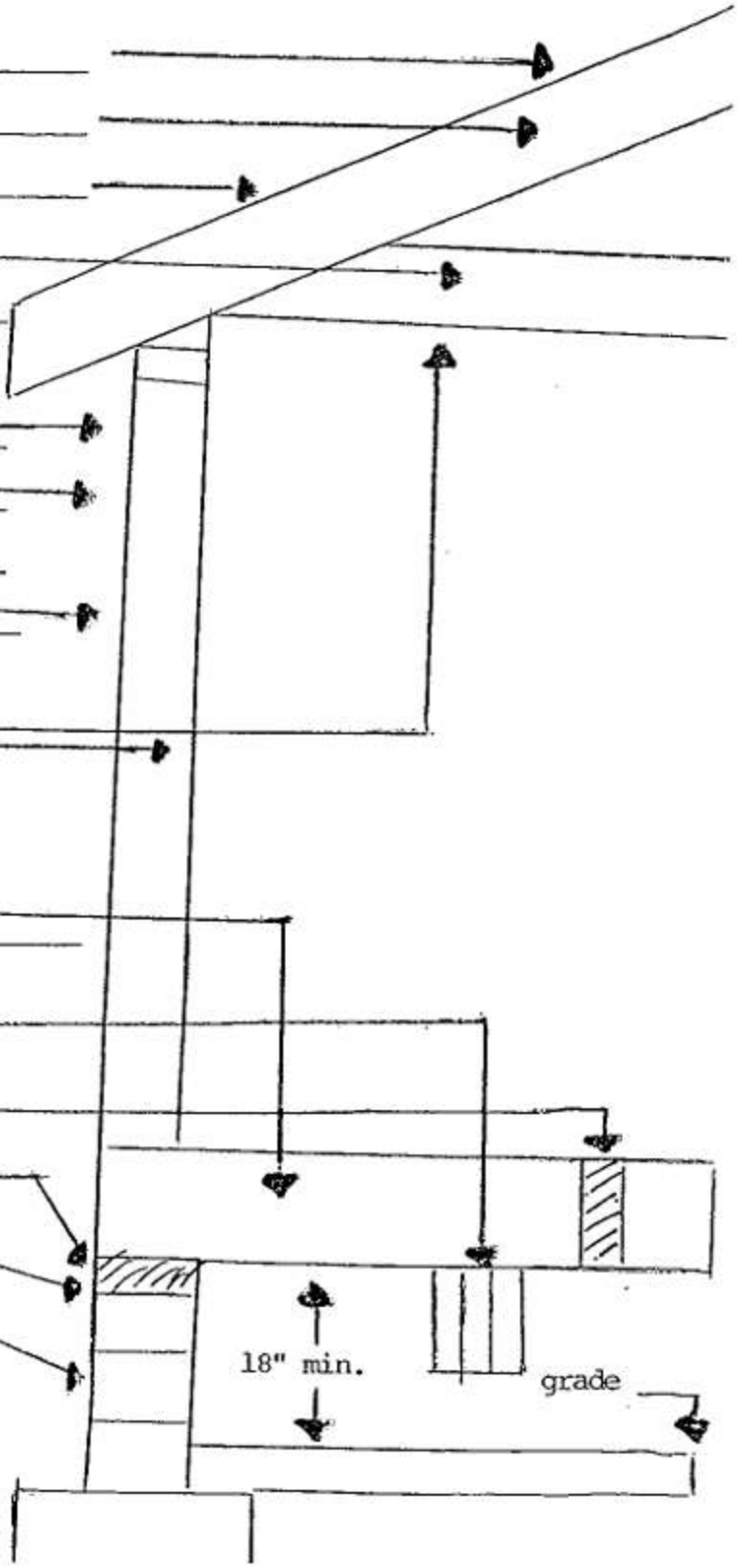
BRIDGING

SILLPLATE

TERMITE SHIELD

BLOCK FOUNDATION

FOOTING



OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Department of Administration & Finance

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

Date: 7/25/00

Block: 211 11 Lot: 11

Property Address: 22 West Granada

I, Claus Schwochert (name) of 22 West Granada (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 11 Lot: 11
Owner's Name: Claus Schwochert
Owner's Mailing Address: 22 West Granada, Brick Twp N.J.
Phon [redacted]

BUILDING

Contractor: Self
Address:
Phone#:
Lis #
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
V 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 Schwochert
Please Print Name Claus Schwochert

ELECTRICAL

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

Technical Data

Item	Quantity
Lighting Fixtures	2
Receptacles	2
Switches	3
Detectors	
Light Poles	
Motors w/ Fract. HP	3hp
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	8
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	AM
Service	100 AMP MAST Service AM
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light	K
Furnace	
Steam Boiler	
Other:	SPA heater 2000W

Estimated Cost of Electrical Work: 600.00

Signature: Claus Schwochert
Please Print Name Claus Schwochert

Contractor: Self
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets	1
Urinals/Bidets	
Bath Tub	1
Lavatory	1
Shower	1
Floor Drain	
Sink	2
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	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Re-Locating Existing Fixtures
Adding 1 Shower

Estimated Cost of Plumbing Work 800.00

Signature: Claus Schwochert

Please Print Name: Claus Schwochert

CONTRACTOR'S SEAL

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____fue
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:
Number of gas/oil fired appliances

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

Estimated Cost of Fire Work

PROPERTY ADDRESS (number and street) 22 West Granada

NAME OF PROPERTY OWNER Claus Schwochert

PERSONAL NAME OF APPLICANT Claus Schwochert

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 Schwochert Date 1/25/00

( ) Approved ( ) Rejected